



National Survey of Child
and Adolescent Well-Being

NSCAW II WAVE 3 REPORT

Wave 3 Tables

**OPRE Report #2013-43
June 5, 2014**

NSCAW II WAVE 3 REPORT: WAVE 3 TABLES

FINAL REPORT

OPRE Report #2013-43

June 2014

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Introduction to NSCAW II

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. The study is sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with child welfare agencies; captures information about the investigation of abuse or neglect that brought the child into the study; collects information about the child's family; provides information about child welfare interventions and other services; and describes key characteristics of child development. Of particular interest to the study are children's health, mental health, and developmental risks, especially for those children who experienced the most severe abuse and exposure to violence.

The study includes 5,872¹ children ranging in age from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009. The study is operating in 81 counties in 30 states. A few states (4) representing 14 counties were replaced with 12 counties similar in agency characteristics. The most prevalent reason for states' not participating in NSCAW II was passage or new interpretation of legislation or policy that requires the child welfare agency to obtain the consent of clients before sharing their case information with research studies. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009. Additional information about the NSCAW II history, sample design and methods, instrumentation, as well as a summary of differences between the NSCAW I and NSCAW II cohorts can be found in the first report of this NSCAW II Baseline series.² A series of baseline and Wave 2 reports on these data have been published (OPRE Reports 2011-27a-g) and are publicly available at: <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1>.

At Wave 2, children and families were re-interviewed approximately 18 months after the close of the NSCAW II index investigation. The NSCAW II cohort of children who were approximately 2 months to 17.5 years old at baseline ranged in age from 16 months to 19 years old at Wave 2. Data collection for the second wave of the study began in October 2009 and was completed in January 2011.

¹ At the time the baseline analyses and reports were prepared, the size of the cohort was 5,873. One child case was identified as ineligible during Wave 2, resulting in a revised NSCAW II cohort size of 5,872.

² Comparisons between NSCAW I and NSCAW II estimates require statistical testing. Analysis for comparison purposes requires a different set of weights; these are available through the National Data Archive for Child Abuse and Neglect at Cornell University.

At Wave 3, children and families were re-interviewed approximately 36 months after the close of the NSCAW II index investigation. The NSCAW II cohort of children who were approximately 2 months to 17.5 years old at baseline ranged in age from 34 months to 20 years old at Wave 3. Data collection for the third wave of the study began in June 2011 and was completed in December 2012.

Wave 3 data collection procedures mirrored the baseline data collection effort with a few notable exceptions:

- At baseline, an *investigative* caseworker interview was pursued for every child in the cohort. At Waves 2 and 3, a *services* caseworker interview was pursued only if the child was living out of home at the time of the interview or if the child or family had received services paid for or provided by child welfare agencies since the prior interview date. In cases where the caregiver reported no services or was uncertain if services had been received, service use was verified with the participating county child welfare agency. If needed, a services caseworker interview was pursued even in situations where the child and/or caregiver were not interviewed.
- The Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 1990) is administered only once per child for NSCAW II. If a child received the KBIT at baseline or Wave 2, he or she was not administered this measure at Wave 3.
- At Wave 3, 621 supplemental cases representing one state from the original cohort of 5,872 were not fielded.
- At the time of Wave 3, which was conducted 36 months post-baseline, some participants who were adolescents at NSCAW II baseline were 18 to 20 years old. These young adults are included in all analyses, except those involving the setting covariate.

Wave 3 interviews were completed with 4,143 children and 3,942 caregivers. On average, interviews with children and caregivers were conducted 38 months (range 34 to 58 months) after the investigation end date. Approximately 26% of children and families had received services since the baseline interview and, thus, required a services caseworker interview. Wave 3 interviews were completed with 1,300 caseworkers. On average, services caseworker interviews were conducted 39 months after the investigation end date (range 35 to 54 months). Wave 3 weighted response rates were 80.2% for children, 82.6% for caregivers, and 93.7% for caseworkers.

EXHIBITS

Exhibit 1. Child and Youth Characteristics at Wave 3

	<i>N</i>	Total	
		%	<i>SE</i>
Total	4,448	100.0	0.0
Gender			
Male	2,286	50.7	1.3
Female	2,162	49.3	1.3
Age (years)			
2	17	0.0	0.0
3–5	2,143	19.3	1.1
6–10	979	34.7	1.3
11–17	975	34.0	1.6
18–20	334	11.9	1.0
Race/ethnicity			
Black	1,268	22.7	2.9
White	1,511	41.8	4.1
Hispanic	1,328	27.9	3.7
Other	327	7.6	1.1
Setting^a			
In-home	3,254	85.6	1.1
Formal kin care	193	1.9	0.3
Informal kin care	369	9.0	1.0
Foster care	228	2.7	0.4
Group home or residential program	42	0.7	0.2
Insurance status			
Private ^b	542	16.1	1.4
Public	3,383	73.2	1.4
Other	84	2.1	0.6
Uninsured	256	8.6	0.8

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

^a Setting does not include young adults. Young adults' living situations were not measured in a way that is comparable to children 17 years and younger.

^b "Private" includes children who had any private insurance plan at the time of interview either obtained through an employer or purchased directly. "Public" includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children's Health Insurance Plan (SCHIP). "Other" includes children who did not have private insurance or Medicaid (or other public coverage) at the time of interview, but who have any other type of insurance, including coverage through a military health plan. "Uninsured" includes children not covered at the time of interview under private, public, or other insurance. "Uninsured" also includes children only covered through the Indian Health Service.

Exhibit 2. Risk of a Behavioral/Emotional Problem Among Children 2 to 20 Years Old at Wave 3

	<i>N</i>	Risk of a behavioral/emotional problem ^a	
		%	<i>SE</i>
Total	4,230	31.0	1.2
Gender			
Male	2,175	31.5	1.5
Female	2,055	30.4	2.0
Age (years)		***	
2–5	2,068	16.4 ^b	2.1
6–10	899	35.5	2.4
11–17	939	35.1	2.2
18–20	324	30.2	4.0
Race/ethnicity			
Black	1,202	31.1	1.9
White	1,438	33.7	2.1
Hispanic	1,266	26.2	2.4
Other	311	34.0	5.2
Setting		***	
In-home	3,112	29.4	1.4
Formal kin care	192	43.4	8.3
Informal kin care	342	35.3	6.3
Foster care	211	51.9 ^c	6.3
Group home or residential program	31	78.9 ^d	8.9
Insurance status			
Private	536	24.2	4.4
Public ^e	3,349	33.0	1.3
Other	81	23.9	9.4
Uninsured	256	28.5	5.1

Note: All analyses were on weighted NSCAW II Wave 3 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Statistical significance is noted by asterisks in the column above the statistically significant result (*** $p < .001$).

^a Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures among children 1.5 to 17 years old: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older). For young adults 18 to 20 years old, risk of a behavioral/emotional problem was defined as scores in the clinical range on the Internalizing, Externalizing or Total Problems scales of the Adult Self Report (ASF; Achenbach & Rescorla, 2000), the Composite International Diagnostic Interview Form, Short-Form Depression section (CIDI-SF; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998; Kessler & Merikangas, 2004), and the PTSD section of the Trauma Symptom Checklist for Adults (TSCA; Briere, 1996).

^b Children 2 to 5 years old were significantly less likely to be identified as having a behavioral/emotional problem than children 6 to 10 years old ($p < .001$), 11 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .05$).

^c Children living in foster care were significantly more likely to be identified as having a behavioral/emotional problem than children living in-home ($p < .001$) and children living in informal kin care ($p < .05$).

^d Children living in group home or residential program were significantly more likely to be identified as having a behavioral/emotional problem than children living in-home ($p < .001$), children living in formal kin care ($p < .05$), children living in informal kin care ($p < .01$), and children living in foster care ($p < .05$).

^e “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 3. Specialty Behavioral Health Service Use by Caregiver Report (for Children 2 to 20 Years Old) and Young Adult Self-Report (for 18 to 20 Years Old) at Wave 3

	Outpatient services ^a in the past year ^b			Inpatient services ^c in the past year		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3870	16.1	0.9	3872	4.0	0.5
Gender		***				
Male	1968	19.7	1.3	1969	4.3	0.7
Female	1902	12.5	1.1	1903	3.7	0.9
Age (years)		***			***	
2–5	1815	5.3 ^d	1.2	1816	0.2 ^e	0.1
6–10	866	17.5	1.8	867	1.8 ^f	0.6
11–17	865	23.5 ^g	2.1	865	7.1	1.2
18–20	324	9.1 ^h	2.0	324	8.0	2.0
Race/ethnicity		***				
Black	1091	13.0	2.6	1091	3.5	0.9
White	1309	22.1 ⁱ	2.2	1310	4.7	1.0
Hispanic	1171	8.7	1.4	1172	2.5	0.9
Other	286	20.4 ^j	4.3	286	7.1	2.3
Setting		***				
In-home	2823	15.3	1.0	2824	3.1	0.6
Formal kin care	176	35.4 ^k	8.9	176	3.9	3.4
Informal kin care	302	19.5	5.1	303	3.7	1.7
Foster care	202	43.6 ^l	8.4	202	2.1	0.9
Group home or residential program	28	74.8 ^m	12.7	28	44.8	14.6
Insurance					**	
Private	494	13.6	3.5	494	5.7	2.2
Public ⁿ	3060	17.7	1.1	3062	3.9	0.6
Other	79	12.1	5.0	79	0.3 ^o	0.3
None	236	8.8	2.8	236	3.3	1.8
Risk of a behavioral/ emotional problem (2- to 10-year-olds only)^p		***			*	
Yes	674	35.1	3.7	675	3.8	1.3
No	1969	4.6	0.8	1970	0.2	0.1
Risk of a behavioral/ emotional problem or substance use problem (11- to 20-year-olds only)^q		***			***	
Yes	516	39.4	2.8	516	17.1	2.6
No	672	7.5	1.8	672	1.4	0.4

Note: Behavioral health services were reported by caregivers and measured with an adapted version of the Child and Adolescent Services Assessment (Burns, Angold, Magruder-Habib, Costello, & Patrick, 1994). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Estimates are not presented for subpopulations with fewer than 10 cases.

- ^a Specialty outpatient includes use of services from an outpatient drug or alcohol clinic, mental health or community health center, private mental health professional, or in-home counseling or crisis services. This also includes day treatment for emotional and substance abuse problems or use of a therapeutic nursery.
- ^b All caregivers were asked about child behavioral health service use. Caregivers were asked about use of behavioral health services for the past 12 months.
- ^c Inpatient services includes use of psychiatric hospital or psychiatric unit within a medical hospital, services through a detox unit or inpatient unit, hospital medical inpatient unit, residential treatment center or group home, or hospital emergency room for emotional and substance abuse problems.
- ^d Children 2 to 5 years old were significantly less likely to have received outpatient behavioral services in the past 12 months than children 6 to 10 years old ($p < .001$), and 11 to 17 years old ($p < .001$).
- ^e Children 2 to 5 years old were significantly less likely to have received inpatient behavioral services in the past 12 months than children 6 to 10 years old ($p < .001$), 11 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).
- ^f Children 6 to 10 years old were significantly less likely to have received inpatient behavioral services in the past 12 months than children 11 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .01$).
- ^g Children 11 to 17 years old were significantly more likely to have received outpatient behavioral services in the past 12 months than children 6 to 10 years old ($p < .05$), and 18 to 20 years old ($p < .01$).
- ^h Young adults 18 to 20 years old were significantly less likely to have received outpatient behavioral services in the past 12 months than children 6 to 10 years old ($p < .05$).
- ⁱ White children were significantly more likely to have received outpatient behavioral health services in the past 12 months than Black ($p < .05$) and Hispanic children ($p < .001$).
- ^j Other children were significantly more likely to have received outpatient behavioral health services in the past 12 months than Hispanic children ($p < .05$).
- ^k Children living in formal kin care were significantly more likely to have used outpatient behavioral services in the past 12 months than children living in-home with parents ($p < .01$).
- ^l Children living in foster care were significantly more likely to have used outpatient behavioral services in the past 12 months than children living in-home with parents ($p < .001$), and informal kin care ($p < .05$).
- ^m Children living in a group home or residential treatment program were significantly more likely to have used outpatient behavioral services in the past 12 months than children living in-home with parents ($p < .001$), formal kin care ($p < .05$), and informal kin care ($p < .001$).
- ⁿ "Public" includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a SCHIP.
- ^o Children with "Other" insurance were significantly less likely to have used inpatient behavioral services in the past 12 months than children with private insurance ($p < .05$), and public insurance ($p < .001$).
- ^p Risk of a behavioral/emotional problem for children 1.5 to 10 years old was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL: administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory; or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).
- ^q Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures among children 1.5 to 17 years old: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL: administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older). For young adults 18 to 20 years old, risk of a behavioral/emotional problem was defined as scores in the clinical range on the Internalizing, Externalizing or Total Problems scales of the Adult Self Report (ASF; Achenbach & Rescorla, 2000), the Composite International Diagnostic Interview Form, Short-Form Depression section (CIDI-SF; Kessler et al., 1998; Kessler & Merikangas, 2004), and the PTSD section of the Trauma Symptom Checklist for Adults (TSCA; Briere, 1996). Risk for a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT (Care, Relax, Alone, Forget, Friends, Trouble) substance abuse screening test (CRAFFT; Knight, Sherritt, Shrier, Harris, & Chang, 2002). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. The CRAFFT was administered to youth 11 to 20 years old.

Exhibit 4. Any Behavioral Health Service Use by Caregiver Report (for Children 2 to 17 Years Old) and Young Adult Self-Report (for 18 to 20 Years Old) at Wave 3

	<i>N</i>	Any behavioral health service ^a in the past year ^b	
		%	<i>SE</i>
Total	3872	23.5	1.3
Gender		***	
Male	1969	28.6	1.7
Female	1903	18.4	1.8
Age (years)		***	
2–5	1816	7.1 ^c	1.4
6–10	867	26.4	2.7
11–17	865	32.7	2.5
18–20	324	16.4 ^d	3.2
Race/ethnicity		***	
Black	1091	19.8	2.6
White	1310	32.1 ^e	2.9
Hispanic	1172	13.2 ^f	1.6
Other	286	27.1	4.8
Setting		***	
In-home	2824	23.2	1.5
Formal kin care	176	43.4 ^g	8.3
Informal kin care	303	23.2	5.4
Foster care	202	47.3 ^h	8.8
Group home or residential program	28	78.9 ⁱ	13.2
Insurance		***	
Private	494	24.6	4.4
Public ^j	3062	24.1	1.4
Other	79	30.5	13.9
None	236	14.7	3.6
Risk of a behavioral/ emotional problem (2- to 10-year-olds only)^k		***	
Yes	675	45.1	4.2
No	1970	9.7	1.2
Risk of a behavioral/ emotional problem or substance use problem (11- to-20-year-olds only)^l		***	
Yes	516	53.5	3.5
No	672	12.9	2.1

Note: Behavioral health services were reported by caregivers and measured with an adapted version of the Child and Adolescent Services Assessment (Burns et al., 1994). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Estimates are not presented for subpopulations with fewer than 10 cases.

^a “Any behavioral health service” includes any use of specialty outpatient, inpatient, family doctor, or school-based services.

- ^b All caregivers were asked about child behavioral health service use. Caregivers were asked about use of behavioral health services for the past 12 months.
- ^c Children 2 to 5 years old were significantly less likely to have used any behavioral health service in the past 12 months than children 6 to 10 years old ($p < .001$), 11 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).
- ^d Young adults 18 to 20 years old were significantly less likely to have used any behavioral health service in the past 12 months than children 6 to 10 years old ($p < .05$), and 11 to 17 years old ($p < .001$).
- ^e White children were significantly more likely to have used any behavioral health service in the past 12 months than Black ($p < .01$).
- ^f Hispanic children were significantly less likely to have used any behavioral health service in the past 12 months than Black ($p < .05$), White ($p < .001$), and Other children ($p < .01$).
- ^g Children living in formal kin care were significantly more likely to have used any behavioral health service in the past 12 months than children living in-home with parents ($p < .01$), and informal kin care ($p < .05$).
- ^h Children living in foster care were significantly more likely to have used any behavioral health service in the past 12 months than children living in-home with parents ($p < .01$), and informal kin care ($p < .05$).
- ⁱ Children living in a group home or residential treatment program were significantly more likely to have used any behavioral health service in the past 12 months than children living in-home with parents ($p < .01$), and informal kin care ($p < .01$).
- ^j “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a SCHIP.
- ^k Risk of a behavioral/emotional problem for children 1.5 to 10 years old was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory, or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).
- ^l Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures among children 1.5 to 17 years old: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older). For young adults 18 to 20 years old, risk of a behavioral/emotional problem was defined as scores in the clinical range on the Internalizing, Externalizing or Total Problems scales of the Adult Self Report (ASF; Achenbach & Rescorla, 2000), the Composite International Diagnostic Interview Form, Short-Form Depression section (CIDI-SF; Kessler et al., 1998; Kessler & Merikangas, 2004), and the PTSD section of the Trauma Symptom Checklist for Adults (TSCA; Briere, 1996). Risk for a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT substance abuse screening test (CRAFFT; Knight et al., 2002). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. The CRAFFT was only administered to children 11 to 20 years old.

Exhibit 5. Current Use of Psychotropic Medications by Caregiver Report (for Children 2 to 17 Years Old) and Young Adult Self-Report (for 18 to 20 Years Old) at Wave 3

	<i>N</i>	Current use of any psychotropic medication		Current use of two psychotropic medications		Current use of three or more psychotropic medications	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	4,056	13.6	1.3	3.3	0.5	4.1	0.6
Gender		***		*			
Male	2,084	17.9	1.9	4.4	0.9	5.4	1.0
Female	1,972	9.3	1.5	2.1	0.5	2.8	0.9
Age (years)		***		***		***	
2–5	2,061	1.9 ^a	0.6	0.4 ^b	0.3	0.6 ^c	0.4
6–10	904	16.7	2.8	3.3	0.9	4.4	1.3
11–17	830	18.3	1.9	5.7 ^d	1.2	6.6	1.5
18–20	261	11.3	3.5	0.9 ^e	0.5	2.8	1.5
Race/ethnicity		***		***		*	
Black	1,166	9.9	1.6	3.5 ^f	1.0	1.8	0.6
White	1,357	21.5 ^g	2.7	5.3 ^h	1.0	7.1 ⁱ	1.3
Hispanic	1,227	6.5	1.4	0.9	0.3	1.8	0.6
Other	293	8.5	3.2	0.7	0.4	4.5	2.4
Setting		***					
In-home	3,034	12.5 ^j	1.3	3.0	0.5	4.2	0.8
Formal kin care	187	24.8	8.4	9.1	3.6	2.0	2.0
Informal kin care	330	16.5 ^k	3.9	6.8	3.1	2.0	1.0
Foster care	201	36.1	6.8	5.0	2.2	13.2	5.1
Group home or residential program	26	52.0	17.2	17.9	8.6	25.2	12.0
Insurance status		***		*		***	
Private	515	13.9	3.3	2.2	0.8	3.4	2.0
Public ^l	3,240	14.8	1.2	3.8 ^m	0.6	4.8	0.8
Other	74	9.1	5.9	0.5	0.5	2.0	1.8
None	225	2.2 ⁿ	0.9	1.3	0.7	0.4 ^o	0.3

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate. Psychotropic medication use is only reported for children 1.5 years and older.

- ^a Children 2 to 5 years old were significantly less likely to be currently using any psychotropic medication than children 6 to 10 years old ($p < .001$), 11 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .05$).
- ^b Children 2 to 5 years old were significantly less likely to be currently using two psychotropic medication than children 6 to 10 years old ($p < .01$), and 11 to 17 years old ($p < .001$).
- ^c Children 2 to 5 years old were significantly less likely to be currently using three or more psychotropic medication than children 6 to 10 years old ($p < .01$), and 11 to 17 years old ($p < .001$).
- ^d Children 11 to 17 years old were significantly more likely to be currently using two psychotropic medication than young adults 18 to 20 years old ($p < .01$).
- ^e Young adults 18 to 20 years old were significantly less likely to be currently using two psychotropic medication than children 6 to 10 years old ($p < .05$).
- ^{ef} Black children were significantly more likely to be currently using two psychotropic medication than Hispanic ($p < .001$), and Other children ($p < .05$).
- ^g White children were significantly more likely to be currently using any psychotropic medication than Black ($p < .001$), Hispanic ($p < .001$), and Other children ($p < .01$).
- ^h White children were significantly more likely to be currently using two psychotropic medication than Hispanic ($p < .001$), and Other children ($p < .01$).
- ⁱ White children were significantly more likely to be currently using a three or more psychotropic medication than Black ($p < .001$), and Hispanic ($p < .001$).
- ^j Children living in in-home with parents were significantly less likely to be currently using any psychotropic medication than children living in formal kin care ($p < .05$), foster care ($p < .001$), and group home or residential treatment program ($p < .01$).
- ^k Children living in informal kin care were significantly less likely to be currently using any psychotropic medication than children living in foster care ($p < .01$), and group home or residential treatment program ($p < .05$).
- ^l “Private insurance” includes children who had any private insurance plan at the time of interview either obtained through an employer or purchased directly. “Medicaid” includes children who did not have private coverage at the time of interview, but who had Medicaid. “State health insurance plan for uninsured children” includes children who did not have private coverage at the time of interview, but who had state health insurance plan for uninsured children. “Other insurance, including military health plan” includes children who do not have private insurance or Medicaid (or other public coverage) at the time of interview, but who have any other type of insurance, including coverage through a military health plan. “Currently uninsured” includes children not covered at the time of interview under private, public, or other insurance. Also includes children only covered through the Indian Health Services.
- ^m Children with public insurance were significantly more likely to be currently using two psychotropic medication than children with “Other insurance, including military health plan” insurance ($p < .01$) and children with none insurance ($p < .01$).
- ⁿ Children with none insurance were significantly less likely to be currently using any psychotropic medication than children with private ($p < .001$), and public insurance ($p < .001$).
- ^o Children with none insurance were significantly less likely to be currently using three or more psychotropic medication than children with private ($p < .05$), and public insurance ($p < .001$).

Exhibit 6. Participation in Child Care, Head Start, and Early Intervention Services Among Children 2 to 5 Years Old At Wave 3

	Any type of child care program ^a			Head Start ^b			IFSP/IEP ^c		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	2,069	39.2	4.6	821	28.9	5.3	2,120	10.3	2.0
Gender								**	
Male	1,095	42.3	4.8	441	27.8	7.5	1,118	12.8	2.5
Female	974	35.2	5.2	380	30.7	6.2	1,002	7.0	1.8
Age (years)									
2	17	40.5	14.4	—	—	—	17	9.9	9.0
3–5	2,052	39.2	4.6	815	28.9	5.4	2,103	10.3	2.0
Race/ethnicity									
Black	620	39.6	7.3	284	32.1	8.8	633	5.7	1.7
White	618	37.9	5.0	249	18.1	6.1	637	13.4	3.0
Hispanic	690	32.6	6.0	233	50.0	15.1	707	8.9	2.9
Other	134	71.1	15.0	54	14.5	11.1	137	16.9	10.2
Setting									
In-home	1,667	40.2	5.2	639	27.3	5.6	1,706	10.2	2.4
Formal kin care	99	34.0	8.6	40	36.2	12.2	99	26.1	11.8
Informal kin care	179	34.7	9.9	76	41.6	17.2	182	4.9	3.1
Foster care	112	35.2	8.6	62	34.1	14.0	117	22.7	8.2
Insurance status		**			*				
Private	240	45.4	8.1	125	10.5 ^g	5.0	239	7.1	5.1
Public ^d	1,742	39.5	5.4	674	31.0	6.0	1,736	10.7	2.2
Other	22	10.5 ^e	6.8	—	—	—	22	6.5	5.4
Uninsured	65	18.0 ^f	10.0	15	77.1	17.0	65	14.3	12.7
Developmental problems ^h								***	
Yes	910	39.7	4.4	382	40.5	11.0	904	27.0	4.6
No	1,159	39.0	7.1	439	21.8	3.7	1,158	0.3	0.1

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate. IFSP = Individualized Family Service Plan; IEP = Individualized Education Program.

- ^a Any type of child care program including a Head Start program, nursery school, early childhood development program, or any center-based program. Home-based baby-sitting or home child care is not included.
- ^b Column represents percentage in Head Start program among children 59 months old or less that participated in any type of child care program.
- ^c IFSP/IEP reported by caregiver or caseworker.
- ^d “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a SCHIP.
- ^e Children with Other insurance were significantly less likely to use any type of child care program than children with private insurance ($p < .001$), and children with public insurance ($p < .001$).
- ^f Uninsured children were significantly less likely to use any type of child care program than children with private insurance ($p < .05$).
- ^g Children with private insurance were significantly less likely to use Head Start programs than children with public ($p < .05$), other ($p < .05$), and none insurance ($p < .01$).
- ^h Developmental problem was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

Exhibit 7. Developmental Problems Among Children 2 to 5 Years Old at Wave 3

	<i>N</i>	Developmental problems ^a	
		%	<i>SE</i>
Total	2,075	37.4	3.9
Gender		*	
Male	1,099	42.3	4.2
Female	976	30.8	5.2
Age (years)			
2	17	26.3	11.6
3–5	2,058	37.4	4.0
Race/ethnicity			
Black	621	32.8	6.3
White	621	38.9	3.8
Hispanic	692	40.9	7.4
Other	134	33.4	16.3
Setting		*	
In-home	1,672	38.7	4.6
Formal kin care	99	50.3	8.7
Informal kin care	179	19.5 ^b	6.3
Foster care	113	58.2	10.8
Insurance status			
Private	240	30.1	6.6
Public ^c	1,743	38.6	4.8
Other	22	21.0	11.6
Uninsured	65	42.5	14.1

Note: All analyses were on weighted NSCAW II Wave 3 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Developmental problem was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

^b Children living in informal kin care were significantly less likely to be identified as having developmental problem than children living in formal kin care ($p < .01$) and children living in foster care ($p < .01$).

^c “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a SCHIP.

Exhibit 8. Special Education Service Use and Risk of Behavioral/Emotional and/or Cognitive Problems Among Children 6 to 17 Years Old At Wave 3

	Risk of any behavioral/emotional and/or cognitive problems			Children with IEP ^a		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,922	40.0	1.8	1,922	22.4	1.5
Gender					***	
Male	1,000	40.9	2.2	995	29.0	2.4
Female	922	39.1	2.8	927	15.6	1.5
Age (years)						
6–10	951	37.3	2.3	963	19.8	2.2
11–17	971	42.7	2.5	959	24.9	1.9
Race/ethnicity						
Black	532	41.4	3.8	528	21.8	2.4
White	723	42.9	2.8	724	24.2	2.2
Hispanic	510	35.6	3.6	513	20.3	3.2
Other	151	37.4	4.9	151	21.4	3.9
Setting		*			**	
In-home	1,499	39.0 ^b	2.0	1,505	22.1	1.6
Formal kin care	94	57.6	10.4	94	27.0	9.3
Informal kin care	175	40.9	7.1	176	13.7	4.6
Foster care	102	61.6	7.0	104	48.3 ^c	10.1
Group home or residential program	35	66.7	10.5	31	63.6 ^d	11.5
Insurance status		***			**	
Private	251	28.5	5.1	249	23.0	4.9
Public ^e	1,474	45.0 ^f	2.0	1,478	23.9 ^g	1.5
Other	41	22.4	6.5	41	8.4	5.3
Uninsured	95	33.0	7.5	94	11.2	3.8
Risk of behavioral/emotional or cognitive problems^h					***	
Cognitive only	—	—	—	189	38.9	6.4
Behavioral/emotional only	—	—	—	487	30.9	3.2
Both cognitive and behavioral/emotional	—	—	—	143	66.1 ⁱ	7.3
Neither cognitive or behavioral	—	—	—	1,077	10.9 ^j	1.3

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used to test statistical significance. Statistical significance is noted by asterisks in the column above the statistically significant result (* $p < .05$, ** $p < .01$, *** $p < .001$). IEP = Individualized education program.

- ^a Presence of an active IEP was determined by either teacher or caregiver, or caseworker or emancipated child report (i.e., by teacher interview, if available; by caregiver or caseworker or emancipated child interview if teacher's input was missing).
- ^b Children living in-home were significantly less likely to be identified as having any behavioral/emotional and/or cognitive problems than children living in foster care ($p < .05$) and children living in group home/residential treatment ($p < .05$).
- ^c Children living foster care were significantly more likely to have an IEP than children living in informal kin care ($p < .05$).
- ^d Children living in group home/residential treatment were significantly more likely to have an IEP than children living in home ($p < .05$), in formal kin care ($p < .05$) and in informal kin care ($p < .01$).
- ^e "Public" includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a SCHIP.
- ^f Children with public insurance were significantly more likely to be identified as having any behavioral/emotional and/or cognitive problems than children with private ($p < .01$) and "Other insurance, including military health plan" insurance ($p < .05$).
- ^g Children with public insurance were significantly more likely to have an IEP than children with "Other insurance, including military health plan" insurance ($p < .05$) and children without insurance ($p < .01$).
- ^h Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the Kaufman Brief Intelligence Test (K-BIT) or Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III) (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock, McGrew, & Mather, 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (CBCL) (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self Report (YSR) (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher Report Form (TRF) (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the Child Depression Inventory (CDI) (Kovacs, 1992), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).
- ⁱ Children with both cognitive and behavioral problems were significantly more likely to have an IEP than children with only cognitive problems ($p < .001$), and children with only behavioral problems ($p < .01$).
- ^j Children with neither cognitive or behavioral problems were significantly less likely to have an IEP than children with only cognitive problems ($p < .001$), children with only behavioral problems ($p < .001$) and children with both cognitive and behavioral problems ($p < .001$).

Exhibit 9. Very Low Language Scores Among Young Children 34 to 71 Months Old at Wave 3

	PLS-3 Total score Very Low Score (≤ -2 SD)			PLS-3 Auditory Comprehension score Very Low Score (≤ -2 SD)			PLS-3 Expressive Communication score Very Low Score (≤ -2 SD)		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,899	20.3	3.0	1,922	13.9	2.8	1,909	25.2	3.0
Gender		*						***	
Male	1,003	23.7	3.7	1,017	16.1	3.6	1,009	30.4	3.4
Female	896	15.8	3.4	905	11.0	3.0	900	18.3	3.3
Age (months)		*			***				
34–41	833	31.7 ^a	3.4	846	28.0 ^b	3.8	838	29.9	4.1
42–47	469	19.6	4.1	474	15.4 ^c	4.8	472	24.8	5.1
48–53	263	11.1	4.7	264	4.6	2.1	263	13.5	4.8
54–59	136	20.0	6.1	137	12.6	4.7	137	30.3	7.3
60–65	102	26.3	7.9	105	20.4	8.0	103	29.5	7.1
66–71	96	17.2	5.7	96	7.7	3.9	96	24.9	7.2
Race/ethnicity									
Black	588	21.8	5.7	596	14.7	4.9	591	23.1	5.5
White	591	14.3	2.2	599	9.0	2.4	594	24.3	3.3
Hispanic	595	27.3	6.7	598	20.0	4.9	598	29.4	6.5
Other	120	18.2	7.6	123	13.5	6.8	120	20.2	7.6
Setting									
In-home	1,534	21.6	3.1	1,551	14.8	2.9	1,544	26.0	3.2
Formal kin	86	27.5	12.1	89	24.1	12.1	86	28.9	11.8
Informal kin	158	9.1	4.3	160	5.6	3.3	158	20.0	7.6
Foster care	110	14.7	4.8	111	11.6	4.4	110	12.4	4.8

Note: Instrument used was the Preschool Language Scale-3 (PLS-3; Zimmerman, Steiner, & Pond, 1992). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^aChildren 36 to 41 months old were significantly more likely to have very low PLS-3 Total scores than children 42 to 47 months old ($p < .01$), 48 to 53 months old ($p < .01$), and 66 to 71 months old ($p < .05$).

^b Children 36 to 41 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 42 to 47 months old ($p < .01$), 48 to 53 months old ($p < .001$), 54 to 59 months old ($p < .05$), and 66 to 71 months old ($p < .001$).

^c Children 42 to 47 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 48 to 53 months old ($p < .05$).

Exhibit 10. Behavioral Problems by Caregiver Report (Among Children 2 to 17 Years Old) and Young Adult Self-Report (for 18 to 20 Years Old) at Wave 3

	CBCL or ASR Total score in clinical range ^a			CBCL or ASR Internalizing score in clinical range			CBCL or ASR Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	4,215	19.2	1.0	4,216	14.8	1.0	4,217	18.7	1.1
Gender								*	
Male	2,167	20.0	1.7	2,168	16.5	1.6	2,169	21.1	1.5
Female	2,048	18.4	1.5	2,048	13.1	1.3	2,048	16.2	1.6
Age (years)		**						***	
2	17	34.6	14.2	17	10.6	7.1	17	16.4	9.5
3–5	2,050	12.4 ^b	2.1	2,050	13.9	2.1	2,051	8.2 ^c	1.4
6–10	894	19.9	2.0	894	13.1	1.9	894	23.2	2.8
11–17	932	23.1	1.5	933	15.2	1.5	933	21.0	1.6
18–20	322	17.2	2.7	322	19.9	4.1	322	16.6	2.4
Race/ethnicity					*			*	
Black	1,199	19.5	1.9	1,199	10.5 ^d	1.6	1,199	19.3	2.1
White	1,430	22.1	2.1	1,430	16.9	2.1	1,432	22.2	1.9
Hispanic	1,263	14.3	1.9	1,264	13.5	1.3	1,263	13.5 ^e	1.9
Other	310	22.3	4.9	310	21.2	4.4	310	18.1	3.8
Setting		**			*			***	
In-home	3,106	18.2	1.3	3,106	13.1	1.0	3,108	17.6	1.2
Formal kin care	192	31.3	8.5	192	21.9	7.7	192	38.8 ⁱ	8.5
Informal kin care	339	19.3	5.5	339	13.6	3.6	339	18.1	4.8
Foster care	211	45.7 ^f	7.2	211	35.0 ^h	7.1	211	42.6 ^j	7.1
Group home or residential program	29	63.7 ^g	12.6	30	49.0	13.1	29	77.6 ^k	9.8

Note: Instrument used was the Child Behavior Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2001) with caregivers of children 1.5 to 17, and the ASF with young adults 18 to 20 years old. All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

^b Children 3 to 5 years old were significantly less likely to have CBCL Total scores in the clinical range than children 6 to 10 years old ($p < .05$), and children 11 to 17 years old ($p < .001$).

^c Children 3 to 5 years old were significantly less likely to have CBCL Externalizing scores in the clinical range than children 6 to 10 years old ($p < .001$), children 11 to 17 years old ($p < .001$), and young adults 18 to 20 years old ($p < .01$).

^d Black children were significantly less likely to have CBCL Internalizing scores in the clinical range than White children ($p < .05$) and “Other” children ($p < .05$).

^e Hispanic children were significantly less likely to have CBCL Externalizing scores in the clinical range than White children ($p < .001$)

^f Children living in a foster care setting were significantly more likely to have CBCL Total scores in the clinical range than children living in-home with parents ($p < .01$); in informal kin settings ($p < .05$).

^g Children living in a group home or residential treatment program were significantly more likely to have CBCL Total scores in the clinical range than children living in-home with parents ($p < .05$); and in informal kin settings ($p < .05$).

^h Children living in a foster care setting were significantly more likely to have CBCL Internalizing scores in the clinical range than children living in-home with parents ($p < .05$); and in informal kin settings ($p < .05$).

ⁱ Children living in a formal kin care setting were significantly more likely to have CBCL Externalizing scores in the clinical range than children living in-home with parents ($p < .03$); and in informal kin settings ($p < .05$).

^j Children living in a foster care setting were significantly more likely to have CBCL Externalizing scores in the clinical range than children living in-home with parents ($p < .05$); and in informal kin settings ($p < .05$).

^k Children living in a group home or residential treatment program were significantly more likely to have CBCL Externalizing scores in the clinical range than children living in-home with parents ($p < .01$); in formal kin settings ($p < .05$); in informal kin settings ($p < .01$); and in foster care ($p < .05$).

Exhibit 11. Social Skills Among Children 3 to 17 Years Old by Caregiver Report at Wave 3

	N	M	SE	SSRS Social Skills Rating System					
				Fewer skills		Average skills		More skills	
				%	SE	%	SE	%	SE
Total	3584	94.5	0.5	28.2	1.4	61.3	1.7	10.5	1.1
Gender									
Male	1881	95.2	0.8	26.7	1.8	61.2	2.1	12.1	1.5
Female	1703	93.6	0.7	29.7	2.0	61.5	2.2	8.8	1.4
Age (years)		***		***					
3–5	1855	93.0	1.1	33.5 ^a	3.7	59.0	4.1	7.4 ^b	1.5
6–10	881	91.8	0.9	32.5 ^c	2.7	60.8	2.7	6.7 ^d	1.0
11–17	848	98.2 ^e	0.8	20.2	1.6	63.2	2.6	16.5	2.3
Race/ethnicity									
Black	1035	95.1	1.0	27.2	3.3	61.6	3.7	11.2	2.3
White	1222	94.2	0.8	29.2	2.1	59.5	2.7	11.3	1.7
Hispanic	1068	94.0	1.2	29.0	3.3	62.0	3.7	9.0	1.9
Other	249	96.3	1.8	19.9	4.9	69.8	6.1	10.3	4.3
Setting		***		***					
In-home	2856	94.7	0.6	27.7	1.6	61.5	1.8	10.8	1.3
Formal kin care	175	89.4	2.8	46.0 ^f	8.0	47.9	7.7	6.1	3.3
Informal kin care	318	97.7	1.7	18.4	4.2	71.7	5.3	9.9	3.7
Foster care	191	80.4	5.5	52.5 ^g	8.8	42.3	8.9	5.3	2.2
Group home or residential program	28	83.2	4.6	69.6 ^h	10.9	21.8	9.2	8.6	6.1

Note: Instrument used was the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). The SSRS standardized scores are based on a mean of 100 with an *SD* of 15. Total scores were categorized as suggested in the SSRS manual (Gresham & Elliott, 1990): fewer social skills (< 85), average social skills (85 to 115), or more social skills (> 115). The proportion showing “more” skills in the normative sample was 16%. All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Wald F and Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children 3 to 5 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .01$) and *more skills* ($p < .001$).

^b Children 3 to 5 years old were significantly less likely than children 11 to 17 years old to have SSRS scores in the *more skills* range compared to *average skills* ($p < .05$).

- ^c Children 6 to 10 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .01$) and *more skills* ($p < .001$).
- ^d Children 6 to 10 years old were significantly less likely than children 11 to 17 years old to have SSRS scores in the *more skills* range compared to *average skills* ($p < .001$).
- ^e Children 3 to 5 years old ($p < .001$) and 6 to 10 years old ($p < .001$) had significantly lower mean SSRS scores than children 11 to 17 years old.
- ^f Children living in formal kin care were significantly more likely than children living in informal kin care to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .01$),
- ^g Children living in foster care were significantly more likely than children living in home with parents to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .05$), and *more skills* ($p < .01$) and significantly more likely than children living in informal kin care to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .05$).
- ^h Children living in group home or residential program setting were significantly more likely than children living in home with parents to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .05$), and were significantly more likely than children living informal kin care to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .05$).

Exhibit 12. Very Low School Achievement Test Scores Among Children 5 to 20 Years Old at Wave 3

	WJ-III Word Identification			WJ-III Applied Problems		
	<i>N</i>	% $-2\ SD$ or less	<i>SE</i>	<i>N</i>	% $-2\ SD$ or less	<i>SE</i>
Total	2,279	9.4	1.0	2,287	7.4	0.9
Gender						
Male	1,156	10.8	1.6	1,161	6.7	1.1
Female	1,123	8.0	1.4	1,126	8.0	1.2
Age (years)		*			*	
5–11	1,247	7.5	1.0	1,252	5.3	0.8
12–17	712	9.1	1.8	714	7.6	1.3
18–20	320	17.1 ^a	3.4	321	14.2 ^b	3.8
Race/ethnicity					*	
Black	622	11.8	2.4	626	9.2	1.9
White	871	8.6	1.5	875	6.9	1.2
Hispanic	595	10.2	1.8	595	8.1	1.8
Other	187	5.4	2.4	187	2.6 ^c	1.0
Setting		**				
In-home	1,547	8.5	1.0	1,554	5.8	0.8
Formal kin care	97	12.4	7.9	97	6.3	3.9
Informal kin care	175	2.0 ^d	1.0	175	4.9	2.1
Foster care	106	13.2	6.5	106	17.4	7.5
Group home or residential program	28	3.7	2.7	28	27.1	13.8

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks in a column apply to the subsequent results for the covariate.

^a Young adults 18 to 20 years old were significantly more likely to have scores $-2\ SD$ or more below the mean on Word Identification than children 5 to 11 years old ($p < .01$).

^b Young adults 18 to 20 years old were significantly more likely to have scores $-2\ SD$ or more below the mean on Applied Problems than children 5 to 11 years old ($p < .05$).

^c Children of “Other” race/ethnicity were significantly less likely to have scores $-2\ SD$ or more below the mean on Applied Problems than Black children ($p < .01$), White children ($p < .05$), or Hispanic children ($p < .05$).

^d Children living in informal kin care were significantly less likely to have scores $-2\ SD$ or more below the mean on Word Identification than children living in home ($p < .01$).

Exhibit 13. Very Low School Achievement Test Scores for Passage Comprehension (WJ-III) for Children 5 to 11 Years Old at Wave 3

	<i>N</i>	WJ-III Passage Comprehension	
		% -2 <i>SD</i> or less	<i>SE</i>
Total	1,245	8.7	1.5
Gender		*	
Male	693	10.4	2.0
Female	552	6.4	1.5
Race/ethnicity			
Black	339	8.0	2.6
White	492	9.1	2.1
Hispanic	332	10.0	2.8
Other	81	2.8	1.7
Setting			
In-home	1,021	8.7	1.5
Formal kin care	58	19.5	10.1
Informal kin care	105	7.0	3.3
Foster care	53	7.8	7.1

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks in a column apply to the subsequent results for the covariate. Estimates specific to children currently living in a group home or residential treatment program were not included in this exhibit because fewer than 10 cases were administered the WJ-III Passage Comprehension test.

Exhibit 14. Risk of a Behavioral/Emotional Problem or Substance Abuse Problem Among Children 11 to 20 Years Old at Wave 3

	Risk of a behavioral/emotional problem ^a			Risk of a substance abuse problem ^b			Risk of a behavioral/emotional or substance abuse problem		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,260	32.9	1.9	1,122	14.4	1.6	1,261	37.6	2.1
Gender									
Male	600	31.9	2.5	513	15.4	2.5	600	38.6	3.4
Female	660	33.7	2.7	609	13.6	1.9	661	36.8	2.6
Age (years)		*			***			**	
11–12	316	28.6	2.9	272	0.1	0.1	316	28.7	2.9
13–14	259	34.0	4.8	231	4.6 ^c	1.7	259	35.6	4.9
15–17	363	41.5 ^d	3.5	310	17.0 ^e	2.8	364	47.1 ^f	4.0
18–20	322	26.6	3.9	309	30.4 ^g	4.0	322	37.0	3.9
Race/ethnicity					*				
Black	342	33.0	3.2	310	7.3	2.3	342	36.0	3.1
White	464	33.1	2.7	395	15.6 ^h	1.6	465	38.7	2.9
Hispanic	327	29.5	4.1	298	13.2	2.4	327	33.3	4.5
Other	124	43.3	6.6	117	28.6 ⁱ	7.6	124	50.8	6.7
Setting									
In-home	700	33.6	2.4	601	8.2	1.4	700	36.3	2.6
Formal kin care	54	52.5	11.2	53	2.0	1.3	54	53.1	11.1
Informal kin care	92	35.3	8.2	80	6.4	2.9	92	37.2	8.4
Foster care	62	58.6	10.3	52	8.2	3.3	62	63.6	11.8
Group home or residential program	26	72.7	11.4	24	13.2	6.1	26	77.2	12.2
Insurance status									
Private	180	21.9	5.1	159	16.4	4.0	180	29.6	5.3
Public ^j	887	37.5	2.4	783	12.2	1.8	888	41.3	2.4
Other	39	31.0	13.0	37	12.4	6.8	39	36.3	12.9
Uninsured	151	26.2	6.6	140	21.9	6.1	151	31.4	6.8

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

- ^a Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures among children 1.5 to 17 years old: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older). For young adults 18 to 20 years old, risk of a behavioral/emotional problem was defined as scores in the clinical range on the Internalizing, Externalizing or Total Problems scales of the Adult Self Report (ASF; Achenbach & Rescorla, 2000), the Composite International Diagnostic Interview Form, Short-Form Depression section (CIDI-SF; Kessler et al., 1998; Kessler & Merikangas, 2004), and the PTSD section of the Trauma Symptom Checklist for Adults (TSCA; Briere, 1996).
- ^b Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) substance abuse screening test (CRAFFT; Knight et al., 2002). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment.
- ^c Children 11 to 12 years old were significantly less likely to be at risk for a behavioral/emotional or substance abuse problem than children 13 to 14 years old ($p < .05$).
- ^d Children 15 to 17 years old were significantly more likely to be at risk of a behavioral/emotional problem than children 11 to 12 years old ($p < .01$) and 18 to 20 years old ($p < .01$).
- ^e Children 15 to 17 years old were significantly more likely to be at risk of a substance abuse problem than children 11 to 12 years old ($p < .001$), and 13 to 14 years old ($p < .001$).
- ^f Children 15 to 17 years old were significantly more likely to be at risk of a behavioral/emotional or substance abuse problem than children 11 to 12 years old ($p < .001$).
- ^g Young adults 18 to 20 years old were significantly more likely to be at risk of a substance abuse problem than children 11 to 12 years old ($p < .001$), 13 to 14 years old ($p < .001$), and 15 to 17 years old ($p < .01$).
- ^h White children were significantly more likely to be at risk of a substance abuse problem than Black children ($p < .01$).
- ⁱ Children of “Other” race/ethnicity were significantly more likely to be at risk of a substance abuse problem than Black children ($p < .05$) and Hispanic children ($p < .05$).
- ^j “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 15. Sexual Experience and Pregnancy by Female 11 to 20 Years Old by Adolescent and Young Adult Report at Wave 3

	<i>N</i>	Ever had sex		Had sex in past 12 months		Ever had forced sex		Ever been pregnant	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	615	46.1	2.9	41.2	2.9	14.7	1.9	20.5	2.7
Age (years)		***		***		***		***	
11–12	123	1.5 ^a	0.8	0.1 ^b	0.1	0.5 ^c	0.3	0.0	0.0
13–14	125	11.9 ^d	4.5	10.9 ^e	4.5	2.9 ^f	1.9	0.8	0.7
15–17	175	51.3 ^g	6.1	45.9 ^h	6.1	16.7	4.5	21.2 ⁱ	5.5
18–20	191	92.5	2.3	83.4	4.6	29.1	4.7	45.1 ^j	5.9
Race/ethnicity									
Black	165	45.9	7.0	40.9	6.9	13.7	5.3	24.2	6.4
White	216	46.4	4.6	40.3	4.3	13.1	2.1	19.0	2.6
Hispanic	165	39.3	5.9	35.6	5.7	10.4	3.1	19.5	6.2
Other	69	61.3	6.5	58.7	7.0	32.6	10.7	21.9	9.9
Setting									
In-home	312	24.7	3.5	22.0	3.5	8.5	2.4	8.8	2.6
Formal kin care	28	35.2	22.2	29.1	22.8	5.4	3.8	14.4	11.6
Informal kin care	40	34.0	11.2	32.3	11.4	6.5	6.3	14.4	9.2
Foster care	29	21.8	12.6	17.5	12.3	2.8	1.9	3.5	2.5
Group home or residential program	14	27.4	14.3	11.0	6.7	17.9	11.3	3.4	2.9

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. “Sex” was defined as vaginal sex. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to have ever had sex than adolescents 13 to 14 years old ($p < .05$), 15 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).

^b Adolescents 11 to 12 years old were significantly less likely to have had sex in the past 12 months than adolescents 13 to 14 years old ($p < .05$), 15 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).

^c Adolescents 11 to 12 years old were significantly less likely to have ever had forced sex than adolescents 15 to 17 years old ($p < .001$) and 18 to 20 years old ($p < .001$).

^d Adolescents 13 to 14 years old were significantly less likely to have ever had sex than adolescents 15 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).

- ^e Adolescents 13 to 14 years old were significantly less likely to have had sex in the past 12 months than adolescents 15 to 17 years old ($p < .001$), and 18 to 20 years old ($p < .001$).
- ^f Adolescents 13 to 14 years old were significantly less likely to have ever had forced sex than adolescents 15 to 17 years old ($p < .05$) and 18 to 20 years old ($p < .001$).
- ^g Adolescents 15 to 17 years old were significantly less likely to have ever had sex than young adults 18 to 20 years old ($p < .001$).
- ^h Adolescents 15 to 17 years old were significantly less likely to have had sex in the past 12 months than young adults 18 to 20 years old ($p < .001$).
- ⁱ Adolescents 15 to 17 years old were significantly more likely to have ever been pregnant than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .01$).
- ^j Young adults 18 to 20 years old were significantly more likely to have ever been pregnant than adolescents 11 to 12 years old ($p < .001$), 13 to 14 years old ($p < .001$), and 15 to 17 years old ($p < .05$).

Exhibit 16. Arrest in Past 6 Months of Adolescents 11 to 20 Years Old by Adolescent and Young Adult Report at Wave 3

	<i>N</i>	Arrested or picked up by police in past 6 months	
		%	<i>SE</i>
Total	1,120	3.4	1.0
Gender			
Male	507	2.8	1.0
Female	613	3.8	1.4
Age (years)		*	
11–12	267	0.3 ^a	0.2
13–14	232	4.9	2.5
15–17	309	2.2	1.2
18–20	310	5.9	2.3
Race/ethnicity			
Black	310	3.9	1.6
White	393	1.8	0.8
Hispanic	300	4.1	2.4
Other	115	7.5	4.6
Setting			
In-home	596	2.6	1.0
Formal kin care	53	0.8	0.8
Informal kin care	81	1.2	0.7
Foster care	52	1.4	1.3
Group home or residential program	24	4.1	2.3

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$). Asterisks in column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Adolescents 11 to 12 years old were significantly less likely to have been arrested in the past 6 months than young adults 18 to 20 years old ($p < .05$).

Exhibit 17. Caregiver Service Needs, Referrals, and Receipt by Caseworker Report at Wave 3

Type of Service	In-home caregivers									Current reunification caregivers									Reunification effort caregivers								
	Needed			Referred			Received ^a			Needed			Referred			Received ^a			Needed			Referred			Received ^a		
	N	%	SE	N	%	SE	N	%	SE	N	%	SE	N	%	SE	N	%	SE	N	%	SE	N	%	SE	N	%	SE
Mental health	736	19.5 ^b	3.4	744	13.3 ^c	2.6	107	87.9	4.8	111	50.2	10.3	111	47.0	10.0	57	63.8	11.0	158	47.8	10.0	161	57.7	10.4	76	70.6	11.8
Substance use	748	14.4 ^d	3.1	749	14.1 ^c	3.3	102	61.9	11.0	113	58.7	10.2	112	59.9	11.1	68	65.0	11.1	163	56.6	10.5	161	43.2	8.9	62	63.6	12.8
Financial assistance/ income support	741	31.2	4.9	733	20.8	3.9	147	90.3	4.3	107	45.6	10.1	111	35.6	8.2	37	69.1	12.4	162	59.9	9.0	158	27.7	7.8	50	82.6	8.4
Domestic violence	739	13.4 ^f	2.5	749	11.1 ^g	2.3	80	91.9	3.3	109	46.5	10.9	113	36.4	9.3	37	68.4	15.0	158	44.5	10.9	158	46.0	10.9	45	68.8	15.6
Housing assistance	745	13.0 ^h	2.5	740	11.2 ⁱ	2.2	76	71.3	9.9	113	44.9	10.5	113	28.5	8.7	40	53.1	13.9	163	45.8	11.0	158	35.0	10.7	40	7.5 ^j	4.1
Employment	738	17.4 ^k	3.0	737	10.2	2.3	57	61.9	13.5	106	43.3	10.3	111	21.4	7.3	23	76.5	14.8	160	59.4	8.9	156	53.5 ^l	9.7	36	51.4	17.6
Legal aid	737	12.6 ^m	2.8	743	7.0	1.9	56	47.0	13.4	110	49.7	11.8	113	17.9	6.2	21	98.2	1.9	158	54.6	9.6	161	17.2	7.7	20	99.2	0.9
Health problem	738	5.5	1.7	742	1.3	0.8	10	81.5	18.3	112	8.7	3.6	115	5.3	3.5	4	4.3	4.2	155	4.0	1.6	160	1.5	1.0	6	69.1	15.6

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Asterisks indicate statistical significance (**p* < .05, ***p* < .01, ****p* < .001). *Current reunification caregivers* are those that had an active case plan with the goal of reunification, while *Reunification effort caregivers* are those that had a plan to reunify but efforts failed.

^a Caseworkers are asked about service receipt only when a service referral is reported. The “Received” category represents the subset of caregivers who were referred to a service and who received that service.

^b Caseworkers were significantly less likely to report need for mental health services among in-home caregivers than among current reunification caregivers (*p* < .001) and caregivers where there was a plan to reunify but efforts failed (*p* < .05).

^c Caseworkers were significantly less likely to report referring in-home caregivers to mental health services than current reunification caregivers (*p* < .001) and caregivers where there was a plan to reunify but efforts failed (*p* < .01).

^d Caseworkers were significantly less likely to report need for substance use services among in-home caregivers than among current reunification caregivers (*p* < .001) and caregivers where there was a plan to reunify but efforts failed (*p* < .01).

- ^e Caseworkers were significantly less likely to report referring in-home caregivers for substance use services than current reunification caregivers ($p < .001$) and caregivers where there was a plan to reunify but efforts failed ($p < .01$).
- ^f Caseworkers were significantly less likely to report need for domestic violence services among in-home caregivers than among current reunification caregivers ($p < .01$) and caregivers where there was a plan to reunify but efforts failed ($p < .05$).
- ^g Caseworkers were significantly less likely to report referring in-home caregivers for domestic violence services than current reunification caregivers ($p < .01$) and caregivers where there was a plan to reunify but efforts failed ($p < .05$).
- ^h Caseworkers were significantly less likely to report need for housing assistance among in-home caregivers than among current reunification caregivers ($p < .01$) and caregivers where there was a plan to reunify but efforts failed ($p < .01$).
- ⁱ Caseworkers were significantly less likely to report referring in-home caregivers to housing assistance services than current reunification caregivers ($p < .05$) and caregivers where there was a plan to reunify but efforts failed ($p < .05$).
- ^j Caseworkers were significantly less likely to report receipt of housing assistance services among caregivers where there was a plan to reunify but efforts failed than among in-home caregivers ($p < .01$) and current reunification caregivers ($p < .05$).
- ^k Caseworkers were significantly less likely to report need employment assistance services among in-home caregivers than current reunification caregivers ($p < .05$) and caregivers where there was a plan to reunify but efforts failed ($p < .01$).
- ^l Caseworkers were significantly more likely to report referring caregivers where there was a plan to reunify for employment assistance services than in-home caregivers ($p < .01$) and current reunification caregivers ($p < .05$).
- ^m Caseworkers were significantly less likely to report need for legal aid among in-home caregivers than among current reunification caregivers ($p < .01$) and caregivers where there was a plan to reunify but efforts failed ($p < .05$).

Exhibit 18. Child Service Need, Referral, and Receipt by Caseworker Report at Wave 3

Number of weeks	Needed service			Referred to service			Received service ^a		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Routine check-up/immunizations	1,254	60.2	5.6	1,278	62.1	5.5	888	97.6	0.7
Dental	1,234	56.2	5.7	1,264	48.7	4.4	690	96.6	1.2
Independent living training	182	32.9	6.3	184	28.2	4.8	83	75.6	8.4
Screening for learning or developmental disability	1,257	24.9	3.4	1,250	17.9	2.8	280	84.0	6.7
Emotional/behavioral/attention problem	1,261	45.0	4.3	1,265	34.8	4.6	360	94.3	2.3
Vision	1,214	22.5	3.5	1,258	12.1	2.4	208	98.7	0.6
Hearing	1,222	11.9	2.0	1,256	7.5	1.4	155	97.5	1.1
Health problem	1,247	13.4	2.1	1,264	9.0	1.9	143	98.1	1.6
Special education	1,265	23.1	3.1	1,262	9.7	2.3	116	96.9	1.8
Substance use	354	3.5	0.9	351	2.7	0.8	18	81.7	10.1
Delinquency	1,276	6.3	1.6	1,273	4.1	1.2	38	94.3	3.3

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

^a Caseworkers are asked about service receipt only when a service referral is reported. The “Received” category represents the subset of children who were referred to a service and who received that service.

Exhibit 19. Caregiver and Household Characteristics at Wave 3

Caregiver characteristics	N	Total n = 3893		In-home parents n = 3145		Informal kin caregivers n = 342		Formal kin caregivers n = 193		Foster caregivers n = 213	
		%	SE	%	SE	%	SE	%	SE	%	SE
Total	3,893	100	0	86.6	1.1	8.8	1.0	2.0	0.4	2.6	0.4
Gender											
Male	422	11.2	1.0	10.5	1.1	15.2	5.4	17.1	7.6	18.5	6.8
Female	3,471	88.8	1.0	89.6	1.1	84.8	5.4	83.0	7.6	81.5	6.8
Age (years)***											
19 and under	24	0.2	0.1	0.2 ^a	0.1	0.0	0.0	3.0	2.9	0.0	0.0
20–29	1,043	24.2	1.5	27.4 ^b	1.7	4.5 ^c	1.7	3.1	2.1	0.7	0.3
30–49	2,138	61.9	1.8	66.8 ^d	1.7	30.2	5.8	18.9	4.2	38.1	6.2
50–59	479	10.3	1.0	4.9 ^e	0.7	47.5	5.2	41.1	8.0	40.4	7.9
60 and older	209	3.4	0.5	0.7	0.2	17.9	4.7	34.0	9.0	20.8	5.8
Race/ethnicity**											
Black	1,037	22.2	3.0	21.6	3.1	20.9	4.9	36.2	7.9	37.3 ^f	8.8
White	1,670	48.1	4.2	47.8	4.2	54.8 ^g	6.5	45.2	9.2	36.8 ^h	8.4
Hispanic	950	24.9	3.5	25.7	3.5	18.1	6.3	17.1	6.7	24.9	9.6
Other	221	4.9	0.8	4.9	0.9	6.2	2.4	1.5	0.7	1.1	0.6
Education											
Less than high school	843	21.7	1.7	22.3	1.8	19.6	4.8	20.3	6.0	8.0	4.1
High school	1,648	43.2	1.6	43.9	1.8	38.5	4.8	51.0	8.3	31.6	6.8
More than high school	1,395	35.1	1.6	33.8	1.8	41.9	4.9	28.7	5.4	60.5	7.7
Percentage of federal poverty level***											
< 50	665	16.8	1.4	17.1 ⁱ	1.5	19.4 ^j	4.8	5.1	2.9	6.4	3.8
50–99	1,147	35.9	1.5	37.8	1.6	26.2	4.2	34.8 ^k	8.7	2.5	0.9
100–200	1,082	28.8	1.7	28.8	1.7	24.0	4.3	34.8	8.0	42.4	9.8
>200	811	18.5	1.6	16.3	1.7	30.4	4.9	25.3	7.5	48.8	8.6

(continued)

Exhibit 19. Caregiver and Household Characteristics at Wave 3 (continued)

Caregiver characteristics	N	Total n = 3893		In-home parents n = 3145		Informal kin caregivers n = 342		Formal kin caregivers n = 193		Foster caregivers n = 213	
		%	SE	%	SE	%	SE	%	SE	%	SE
Employment status**											
Work, full time	1,225	34.0	1.8	33.5	2.0	37.5	5.3	33.8	8.0	37.6	6.6
Work, part time	592	15.6	1.1	16.4	1.3	10.1	3.0	8.7	2.8	13.7	4.5
Unemployed, looking for work	620	15.6	1.2	17.3 ^l	1.4	4.6	1.5	7.3	3.8	3.0	2.0
Does not work	1,367	32.6	1.3	30.7	1.5	46.4	4.6	49.9	9.2	34.5 ^m	8.5
Other	90	2.3	0.5	2.1	0.5	1.5	1.1	0.2	0.2	11.2 ⁿ	4.8
Marital status***											
Married	1,332	34.8	1.8	33.8	1.8	34.4	4.4	43.1	7.9	65.2 ^{o,p}	8.2
Separated	375	10.1	0.7	10.2	0.9	13.2	3.2	6.3	2.6	1.9	1.0
Divorced	688	21.1	1.4	20.5	1.5	28.3	5.1	19.7	6.3	14.9	5.6
Widowed	121	3.0	0.6	1.5	0.4	11.9	4.3	15.7	6.7	12.3	5.8
Never married	1,377	31.0	2.0	34.0	2.0	12.2	3.4	15.3	4.6	5.6 ^q	2.3
Number of children in home**											
1	970	22.5	2.3	20.5	2.3	42.9 ^r	4.7	27.2	6.5	17.7	6.6
2	1,016	26.6	1.7	27.3	1.8	18.6	2.9	23.8	8.1	36.1	10.7
3	841	24.6	1.6	24.4	1.8	29.6	5.3	19.2	6.2	17.3	5.5
4	539	14.6	1.4	15.8	1.5	1.5	0.5	18.1	6.6	15.9 ^s	6.0
5 or more	528	11.7	1.0	12.1	1.1	7.4	2.2	11.7	3.4	13.1 ^t	3.6
Number of adults in home											
1	1,205	31.0	1.7	31.4	1.9	27.9	4.7	28.6	7.3	28.9	7.9
2	1,875	47.8	1.5	48.0	1.6	45.5	5.6	54.8	7.3	43.8	7.7
3	540	14.9	1.4	14.3	1.4	19.1	5.5	13.5	3.6	23.0	9.6
4 or more	274	6.3	0.9	6.3	1.0	7.5	2.7	3.2	1.2	4.4	1.9

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Asterisks indicate statistical significance (***) $p < .001$ for the covariate. Follow-up pairwise tests were limited to comparisons of foster caregivers to in-home parents, informal kin caregivers, and formal kin caregivers.

^a In-home parents were significantly more likely to be 19 years old and younger than to be 60 years old or older when compared to foster caregivers ($p < .05$).

^b In-home parents were significantly more likely to be 20 to 29 years old when compared to foster caregivers who were more likely to be 30 to 49 years old ($p < .001$) or 50 to 59 years old ($p < .01$) or 60 years old and older ($p < .01$).

- ^c Informal kin caregivers were significantly more likely to be 20 to 29 years old compared to foster caregivers who were more likely to be 30 to 49 years old ($p < .05$) or 50 to 59 years old ($p < .05$).
- ^d In-home parents were significantly more likely to be 30 to 49 years old than to be 50 years old or older when compared to foster caregivers ($p < .01$).
- ^e In-home parents were significantly more likely to be 50 to 59 years old than to be 60 years old or older when compared to foster caregivers ($p < .05$).
- ^f Foster caregivers were significantly more likely to be Black than to be of Other race/ethnicity when compared to in-home parents ($p < .01$) and informal kin caregivers ($p < .05$).
- ^g Informal kin caregivers were significantly more likely to be White than to be Black when compared to foster caregivers ($p < .05$).
- ^h Foster caregivers were significantly more likely to be White than to be of Other race/ethnicity when compared to in-home parents ($p < .05$).
- ⁱ In-home parents were significantly more likely to have incomes below the poverty level than incomes at or above the poverty level ($p < .05$) when compared to foster caregivers.
- ^j Informal kin caregivers were significantly more likely to have incomes below the poverty level than incomes at or above the poverty level ($p < .01$) when compared to foster caregivers.
- ^k Formal kin caregivers were significantly more likely to have incomes at 50–99% of the poverty level than incomes at or above the poverty level ($p < .05$) when compared to foster caregivers.
- ^l In-home parents were significantly more likely to be unemployed than to work full time ($p < .01$) or part time ($p < .05$) when compared to foster caregivers.
- ^m Foster caregivers were significantly more likely to not work by choice than to be unemployed ($p < .05$) when compared to in-home parents.
- ⁿ Foster parents were significantly more likely to report Other employment status than to work full time ($p < .05$), part time ($p < .05$), or to not work by choice ($p < .05$) when compared to formal kin caregivers.
- ^o Foster caregivers were significantly more likely to be married than to be separated, divorced, or never married when compared to in-home parents ($p < .05$).
- ^p Foster caregivers were significantly more likely to be married than to be separated, divorced, or never married when compared to informal kin caregivers ($p < .05$).
- ^q Foster caregivers were significantly less likely to have never married ($p < .05$) when compared to formal kin caregivers.
- ^r Informal kin caregivers were more likely to have one child in the household than to have two children ($p < .05$), four children ($p < .01$), or five or more children ($p < .01$) in the household when compared to foster parents.
- ^s Foster caregivers were more likely to have four children in the household than to have two ($p < .05$) or three children ($p < .01$) in the household when compared informal kin caregivers.
- ^t Foster caregivers were more likely to have five or more children in the household than to have three ($p < .05$) or four children ($p < .05$) in the household when compared informal kin caregivers.

Exhibit 20. Caregiver Physical and Mental Health Status by Self-Report at Wave 3

	<i>N</i>	SF-12 Physical Health Component		SF-12 Mental Health Component	
		<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>
Total	3,867	46.3	0.4	49.7	0.4
Caregiver gender				***	
Male	420	47.2	1.2	52.8	0.8
Female	3,447	46.2	0.5	49.3	0.5
Caregiver age (years)		***		***	
Under 20	24	51.0 ^a	3.4	55.0 ^b	1.2
20–29	1,032	49.0 ^c	0.7	49.9	0.7
30–49	2,127	46.1 ^d	0.5	49.2	0.6
50–59	480	43.1	1.4	51.2 ^e	0.7
60 and older	204	41.1	1.8	53.3	2.0
Caregiver race/ethnicity		***			
Black	1,033	46.9	0.8	50.0	0.8
White	1,661	44.7 ^f	0.7	50.0	0.5
Hispanic	940	49.0	0.6	48.6	0.9
Other	219	46.3	2.1	49.9	1.1
Type of caregiver		***		***	
Biological or adoptive	3,112	46.9 ^g	0.5	49.1 ^h	0.5
Formal kin	192	44.6 ⁱ	1.6	50.0	2.8
Informal kin	338	40.5	1.5	53.7	0.6
Foster	209	50.4 ^j	1.1	53.3	1.4

Note: Instrument used was the 12-Item Short-Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (**p* < .05, ***p* < .01, ****p* < .001). Asterisks in a column apply to the subsequent results for the covariate.

^a Caregivers under 20 years old were significantly more likely to have a better Physical Health Component score than caregivers 50 to 59 years old (*p* < .05), and 60 years old or older (*p* < .05).

^b Caregivers under 20 years old were significantly more likely to have a better Mental Health Component score than caregivers 20 to 29 years old (*p* < .001), 30 to 49 years old (*p* < .001), and 50 to 59 years old (*p* < .05).

^c Caregivers 20 to 29 years old were significantly more likely to have a better Physical Health Component score than caregivers 30 to 49 years old (*p* < .001), 50 to 59 years old (*p* < .001), and 60 years old or older (*p* < .001).

^d Caregivers 30 to 49 years old were significantly more likely to have a better Physical Health Component score than caregivers 50 to 59 years old (*p* < .05), and 60 years old or older (*p* < .05).

^e Caregivers 50 to 59 years old were significantly more likely to have a better Mental Health Component score than caregivers 30 to 49 years old (*p* < .05).

^f White caregivers were significantly more likely to have a worse Physical Health Component score than Black (*p* < .05) and Hispanic caregivers (*p* < .001).

^g In-home parents were significantly more likely to have a better Physical Health Component score than informal kin caregivers (*p* < .001).

^h In-home parents were significantly more likely to have a worse Mental Health Component score than informal kin caregivers (*p* < .001) and foster caregivers (*p* < .01).

ⁱ Formal kin caregivers were significantly more likely to have a better Physical Health Component score than informal kin caregivers (*p* < .05).

^j Foster caregivers were significantly more likely to have a better Physical Health Component score than in-home parents (*p* < .01), formal kin caregivers (*p* < .01), and informal kin caregivers (*p* < .001).

Exhibit 21. Caregiver Major Depression by Self-Report at Wave 3

	<i>N</i>	CIDI-SF Depression score in clinical range ^a	
		%	<i>SE</i>
Total	3,875	15.2	1.3
Caregiver gender***			
Male	419	5.5	1.9
Female	3,456	16.5	1.4
Caregiver age (years)			
Under 20	24	7.8	5.2
20–29	1,032	15.3	2.3
30–49	2,133	16.6	1.8
50–59	482	9.5	2.6
60 and older	204	8.4	4.8
Caregiver race/ethnicity			
Black	1,037	14.7	2.6
White	1,664	15.9	1.8
Hispanic	940	14.9	2.7
Other	220	14.4	2.8
Type of caregiver***			
Biological or adoptive	3,115	16.6 ^b	1.5
Formal kin	193	11.6	7.6
Informal kin	338	5.6	1.5
Foster	212	5.9	3.5

Note: Instrument used was the Composite International Diagnostic Interview Form, Short-Form (CIDI-SF; Kessler et al., 1998; Kessler & Merikangas, 2004) module for depression. All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$).

^a For the CIDI-SF, to meet the probable diagnostic requirement for the 12-month prevalence of major depression, the respondent has to report three or more symptoms of depression (e.g., loss of interest in usual activities, tiredness, changes in weight, trouble sleeping or excessive sleeping, difficulty concentrating, feelings of low self-worth, thoughts about death) and respond affirmatively in at least one of the following areas: (1) experiencing 2 or more weeks of dysphoric mood, (2) experiencing 2 or more weeks of anhedonia (lack of enjoyment of any activity), and (3) using medication for depression.

^b In-home parents were significantly more likely to have a clinical score indicative of major depression than informal kin caregivers ($p < .001$), and foster caregivers ($p < .01$).

Exhibit 22. In-Home Mothers' Need, Referral to, and Receipt of Domestic Violence Services in Past 12 Months (Wave 3)

	Need for domestic violence services ^a			Referred to domestic violence services			Stayed in a shelter for battered women or received some other domestic violence services		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	2,734	16.2	1.4	2,714	3.8	0.7	2,714	1.3	0.4
Parent age (years)					*				
Under 20	22	9.2	5.9	23	3.0	3.2	22	0.0	0.0
20–29	922	17.3	2.3	919	3.0 ^c	0.9	919	0.5	0.3
30–49	1,561	16.4	1.8	1,549	4.3 ^d	0.9	1,550	1.7	0.6
50–59	184	6.0	2.6	181	0.8	0.7	181	0.6	0.6
60 and older	45	3.1	2.9	42	0.0	0.0	42	0.0	0.0
Parent race/ethnicity									
Black	699	19.8	2.8	694	3.6	1.0	694	1.3	1.0
White	1,164	13.5	1.7	1,155	4.0	1.0	1,155	1.2	0.6
Hispanic	694	18.3	2.8	689	2.8	0.8	689	1.2	0.5
Other	166	16.1	3.7	165	8.3	3.3	165	2.5	2.0

Note: The term “in-home mother” refers to the mothers of children living at home at Wave 3. Only permanent caregivers were asked about domestic violence services; responses here reflect only those of in-home mothers. Mothers who indicated that they had not ever received domestic violence services were included as not having received this service in the past 12 months. All analyses were on weighted NSCAW II Wave 3- data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$) for the covariate.

^a Mothers were determined to be “in need of domestic violence services” if they met any one of three criteria: (1) caseworker report of a parent’s need for domestic violence services at Wave 3, (2) a Conflicts Tactics Scale-2 (CTS-2) score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother’s self-reported need (“a lot” or “somewhat”) for domestic violence services in the past year, if she had not received any such services.

^c Mothers 20 to 29 years old were significantly more likely to be referred for domestic violence services than mothers 50 to 59 years old ($p < .01$).

^d Mothers 30 to 49 years old were significantly more likely to be referred for domestic violence services than mothers 50 to 59 years old ($p < .001$).

Exhibit 23. In-Home Parents' Need for and Receipt of Alcohol or Substance Abuse Services in Past 12 Months (Wave 3)

	Need for substance abuse services ^a			Received inpatient alcohol or substance abuse service ^b			Received outpatient alcohol or substance abuse service ^c		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3,134	20.8	1.5	3,104	0.3	0.1	3,103	0.9	0.3
Parent gender									
Male	335	30.0	5.3	332	0.0	0.0	332	0.5	0.3
Female	2,779	19.7	1.6	2,772	0.3	0.2	2,771	0.9	0.3
Parent age (years)									
Under 20	23	1.0	1.1	23	0.0	0.0	23	0.0	0.0
20–29	1,000	21.0	3.1	1,000	0.7	0.4	999	1.2	0.5
30–49	1,801	20.3	2.0	1,794	0.1	0.0	1,794	0.8	0.3
50–59	233	25.9	6.6	231	0.4	0.4	231	0.5	0.4
60 and older	58	25.4	15.5	57	0.0	0.0	57	0.0	0.0
Parent race/ethnicity								*	
Black	775	19.9	2.8	769	0.0	0.0	769	0.0	0.0
White	1,350	18.2	2.0	1,346	0.5	0.3	1,345	1.5 ^d	0.5
Hispanic	790	26.2	3.5	790	0.0	0.0	790	0.6	0.4
Other	189	20.9	5.8	189	0.0	0.0	189	0.3	0.2
Parent insurance status		**						**	
Public	1,561	23.0	2.1	1,561	0.3	0.1	1,560	1.2	0.4
Private	756	14.0 ^e	2.1	756	0.0	0.0	756	0.0 ^f	0.0
Uninsured	780	22.2	2.9	780	0.5	0.4	780	1.0	0.7

Note: The term “in-home parents” refers to the parents of children living at home at Wave 3. Only permanent caregivers were asked about substance abuse service receipt; responses here reflect only those of in-home parents. Parents who indicated that they had not ever received substance abuse services were included as not having received these services in the past 12 months. All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Parents were determined to have a need for substance abuse services if they met any one of four criteria: (1) caseworker report of parent’s need for services for a drug or alcohol problem at Wave 3, (2) AUDIT Total score ≥ 5 , (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent’s self-reported need (“a lot” or “somewhat”) for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service.

- ^b Inpatient alcohol or substance abuse services include having been admitted overnight to hospital or medical facility for alcohol/drug problem in the last 12 months, having stayed overnight in a facility that provides alcohol or drug treatment in the last 12 months, or having used an emergency room for alcohol/drug abuse in past 12 months.
- ^c Outpatient alcohol or substance abuse services include having been to a clinic or doctor regarding an alcohol or drug problem in the past 12 months.
- ^d White parents were significantly more likely to have used outpatient alcohol or substance abuse services in the past 12 months than Black parents ($p < .01$).
- ^e Parents with private insurance were less likely to be in need of alcohol or substance abuse services in the past 12 months than parents with public insurance ($p < .01$) or uninsured parents ($p < .05$).
- ^f Parents with private insurance were less likely to have used outpatient alcohol or substance abuse services in the past 12 months than parents with public insurance ($p < .01$).

Exhibit 24. In-Home Parents' Need for and Receipt of Mental Health Services in Past 12 Months (Wave 3)

	Need for mental health services ^a			Received inpatient mental health service ^b			Received outpatient mental health service ^c			Used prescription medication for mental health problem ^d		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3,134	26.5	1.8	3,104	1.2	0.3	3,103	11.9	1.1	3,101	22.1	1.8
Parent gender		**			**			**				
Male	336	12.5	4.0	332	0.2	0.1	332	4.7	2.1	332	13.6	4.6
Female	2,798	28.2	1.9	2,772	1.3	0.3	2,771	12.7	1.2	2,769	23.1	1.9
Parent age (years)					*						*	
Under 20	23	29.6	18.1	23	0.0	0.0	23	17.4	15.6	23	16.2	15.5
20–29	1,001	23.5	3.1	1,000	1.0	0.5	999	11.2	2.0	999	16.2	2.9
30–49	1,872	28.0	2.2	1,794	1.2 ^e	0.3	1,794	12.0	1.4	1,792	24.2 ^f	2.1
50–59	237	26.2	6.7	231	1.1	0.6	231	14.7	5.6	231	27.0 ^g	6.5
60 and older	62	11.9	5.9	57	0.0	0.0	57	3.4	2.9	57	4.7	3.2
Parent race/ethnicity								**			***	
Black	785	26.3	4.2	769	1.4	0.9	769	5.3	1.8	769	10.4 ^h	2.3
White	1,356	27.4	2.5	1,346	1.4	0.4	1,345	17.2 ⁱ	1.9	1,345	30.3	2.7
Hispanic	792	25.8	2.9	790	0.3	0.2	790	8.1	2.1	790	16.8 ^j	3.4
Other	191	26.9	4.6	189	2.0	1.9	189	10.7	4.2	189	25.2	5.0
Parent insurance status		***			**			**			***	
Public	1,561	33.6 ^k	2.3	1,561	1.6 ^l	0.4	1,560	15.7 ^m	1.8	1,559	29.3 ⁿ	2.8
Private	756	20.7	3.3	756	0.1	0.1	756	9.6	1.8	756	20.1	3.1
Uninsured	780	20.0	3.2	780	1.2	0.7	780	7.7	1.6	779	12.5	2.8

Note: The term “in-home parents” refers to the parents of children living at home at Wave 3. Only permanent caregivers were asked about mental health service receipt; responses here reflect only those of in-home parents. Parents who indicated that they had not ever received mental health services were included as not having received these services in the past 12 months. All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Parents were determined to have a need for mental health services if they met any one of four criteria: (1) caseworker report of a parent’s need for services for an emotional, psychological, or other mental health problem at Wave 3, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health Component of the SF-12, or (4) the parent’s self-reported need (“a lot” or “somewhat”) for mental health services in the past year, if she or he had not received a mental health service.

- ^b Inpatient mental health services include having been admitted overnight to hospital or medical facility for a mental health problem in the last 12 months or having used the emergency room for a mental health problem in past 12 months.
- ^c Outpatient mental health services include having had one or more sessions of psychological counseling for emotional problems with any type of professional in the past 12 months or day treatment or partial hospitalization for mental health problem in past 12 months.
- ^d This category includes the use of prescription medication for one's emotions, nerves, or mental health from any type of professional in past 12 months.
- ^e Parents 30 to 49 years old were significantly more likely to have received inpatient mental health services in the past 12 months than parents 19 years old and under ($p < .05$) and 60 years old and older ($p < .01$).
- ^f Parents 30 to 49 years old were significantly more likely to have used prescription medication for a mental health problem in the past 12 months than parents 20 to 29 years old ($p < .05$) and 60 years old and older ($p < .01$).
- ^g Parents 50 to 59 years old were significantly more likely to have used prescription medication for a mental health problem in the past 12 months than parents 60 years old and older ($p < .05$).
- ^h Black parents were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than White parents ($p < .001$) and parents of "Other" race/ethnicity ($p < .05$).
- ⁱ White parents were significantly more likely to have received outpatient mental health services in the past 12 months than Black parents ($p < .001$), and Hispanic parents ($p < .01$).
- ^j Hispanic parents were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than White parents ($p < .01$).
- ^k Parents with public insurance were significantly more likely to report a need for mental health services than parents with private insurance ($p < .001$) and parents who were currently uninsured ($p < .01$).
- ^l Parents with public insurance were significantly more likely to have received inpatient mental health services in the past 12 months than parents with private insurance ($p < .01$).
- ^m Parents with public insurance were significantly more likely to have received outpatient mental health services in the past 12 months than parents with private insurance ($p < .05$) and parents who were currently uninsured ($p < .01$).
- ⁿ Parents with public insurance were significantly more likely to have used prescription medication for a mental health problem in the past 12 months than parents with private insurance ($p < .05$) and parents who were currently uninsured ($p < .001$).

Exhibit 25. Re-reports of Maltreatment and Substantiation Status by Caseworker Report through Wave 3 and NCANDS

	<i>N</i>	Re-reports <i>n</i> = 1376		<i>N</i>	Substantiated <i>n</i> = 412		Indicated <i>n</i> = 75		Unsubstantiated <i>n</i> = 759	
		%	SE		%	SE	%	SE	%	SE
Total	5,872	24.3	1.6	1,246	29.7	2.2	1.8	0.5	68.5	2.3
Gender		*								
Male	3,017	27.4	2.2	665	26.9	2.8	1.2	0.4	72.0	2.8
Female	2,855	21.1	2.0	581	33.7	5.0	2.5	1.0	63.8	5.0
Age (years) at baseline										
0–2	2,937	24.1	2.4	578	37.1	4.6	2.6	1.0	60.2	4.6
3–5	828	22.3	2.2	189	18.2	3.6	1.8	0.6	80.0	3.7
6–10	1,053	28.6	2.5	266	23.8	4.9	1.0	0.5	75.2	4.9
11–17	1,054	21.9	2.6	213	39.8	5.1	1.9	1.3	58.3	5.2
Race/ethnicity										
Black	1,827	21.7	3.0	304	28.8	4.6	1.4	0.5	69.8	4.6
White	2,003	27.5	2.5	462	29.6	4.0	1.9	0.9	68.5	4.1
Hispanic	1,614	22.9	2.0	386	29.2	5.1	1.6	0.7	69.2	5.2
Other	407	19.6	3.3	87	33.3	8.9	2.3	1.3	64.5	9.1
Setting at baseline ^a										
In-home bio and adoptive	3,635	24.0	1.7	836	29.7	2.5	1.6	0.5	68.7	2.6
Formal kin care	495	14.2	3.7	70	29.1	9.6	6.6	3.1	64.3	11.4
Informal kin care	540	28.5	5.4	104	23.6	8.2	1.2	1.1	75.3	8.4
Foster care	1,105	28.3	3.5	201	45.8	8.3	3.9	1.8	50.3	7.9
Group home or residential program	68	51.1	10.8	28	21.9	10.8	0.7	0.5	77.3	11.0

Note: All analyses were on weighted NSCAW II baseline, NCANDS, Wave 2, and Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Once a child turns 18 years old, he or she is not reportable to CPS. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (**p* < .05). An asterisk associated with the name of the covariate applies across columns representing categories of case disposition.

^a During a period of reunification, children could have been reported again for maltreatment, and that could have prompted a return to an out-of-home placement. Thus, even if a child was at a foster care placement at the baseline and 18-month or 36-month follow-up, the re-report could have happened during a period of no foster home placement. Of the children who were at any point placed out of home, 54.4% were in-home with biological parents at baseline. Of those, 49.3% were reunified or had at least one reunification attempt across time. Of the children who were in out-of-home placement at baseline, at least one reunification attempt was made for 35.0% of those in formal kin care, 21.4% of those in informal kin care, 29.3% of those in foster care, and 35.8% of those in group home/residential treatment. Caseworkers were asked about reunification plans if the child was in out of home care at the time of the interview. Estimates may represent an underestimate of reunification attempts, as situations where the child was placed out of home and then reunified between interview waves would not be captured. Of those placed out of home at the time of interview, 39.2% had at least one attempt of reunification.

Exhibit 26. Caregiver Aggression and Neglect of Children 11 to 17 Years Old from a Caregiver in the Past Year by Child Report at Wave 3

	<i>N</i>	CTS-PC Nonviolent Discipline		CTS-PC Psychological Aggression		CTS-PC Minor Physical Assault (Corporal Punishment)		CTS-PC Severe Physical Assault		CTS-PC Very Severe Physical Assault	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	788	80.0	2.4	49.9	3.1	28.8	2.4	9.8	1.6	3.0	0.7
Gender				*							
Male	377	76.5	3.6	41.2	4.2	26.9	3.0	7.0	1.6	3.2	1.1
Female	411	82.8	2.9	56.6	4.1	30.3	3.5	12.0	2.7	2.9	1.0
Age (years)						**					
11–12	254	71.1	4.9	43.9	4.8	32.5	4.0	10.1	2.3	3.3	1.1
13–14	225	86.1	3.5	55.2	5.6	37.8	4.7	12.0	3.5	3.3	1.5
15–17	308	81.7	3.0	49.6	4.7	19.8 ^a	3.8	8.0	2.1	2.6	1.1
Race/ethnicity										**	
Black	237	77.0	3.9	51.6	5.8	34.1	6.5	15.1	3.8	6.0 ^b	1.8
White	274	78.1	4.1	42.9	4.1	27.0	4.2	6.8	2.3	0.9	0.3
Hispanic	222	83.6	3.7	58.6	5.2	26.0	4.0	10.0	2.6	3.5	1.5
Other	55	85.1	6.4	46.3	8.5	36.6	8.3	10.0	5.4	5.2	4.0

Note: All analyses were on weighted NSCAW II Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Instrument used was the Conflict Tactics Scale Parent-Child (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children 15 to 17 years old were significantly less likely to report minor physical assault than children 11 to 12 years old ($p < .05$) and children 15 to 17 years old ($p < .01$).

^b Black children were significantly more likely to report very severe physical assault than White children ($p < .001$).

Exhibit 27. Number of Placements for All Children by Caseworker Report

	<i>N</i>	Percentage (<i>SE</i>)			
		0 Placement	1 Placement	2 Placements	3 or More Placements
Total	5,872	75.4 (1.2)	16.5 (0.9)	4.7 (0.6)	3.4 (0.5)
Gender					
Male	3,017	75 (1.5)	16.0 (1.0)	5.5 (0.7)	3.5 (0.7)
Female	2,855	75.8 (1.6)	17 (1.4)	3.9 (0.6)	3.3 (0.5)
Age (years) at baseline***					
0–2	2,937	67.6 (2.2)	19.9 (1.9) ^a	9.9 (1.4) ^{b, c, d}	2.7 (0.4)
3–5	828	77.6 (2.2)	15.3 (1.7)	3.5 (1.0)	3.6 (1.3)
6–10	1,053	79.8 (1.9)	15.0 (1.6)	2.7 (0.7)	2.4 (0.5)
11–12	326	80.6 (3.1)	12.8 (2.6)	2.6 (1)	4.0 (1.3)
13–17	728	72.3 (2.8)	18.2 (2.5)	4.5 (1.0)	5.0 (0.9) ^e
Race/ethnicity					
Black	1,827	72.5 (2.6)	18.8 (2.0)	4.3 (0.6)	4.4 (1.0)
White	2,003	76 (1.8)	15.9 (1.1)	5.2 (0.9)	2.9 (0.5)
Hispanic	1,614	76.4 (2.2)	15.9 (1.9)	4.6 (0.9)	3.1 (1.0)
Other	407	76.8 (3.6)	16.1 (3.3)	2.8 (0.8)	4.4 (1.6)
Setting at baseline^{f***}					
In-home bio and adoptive	3,635	86.5 (1) ^g	9.5 (0.8)	2.7 (0.6)	1.3 (0.3)
Formal kin care	495	0 (0)	67.3 (8.0) ^h	14.2 (2.7)	18.6 (8.3)
Informal kin care	540	0 (0)	81.2 (3.1)	11.3 (2.1)	7.5 (2.6)
Foster care	1,105	0 (0)	40.5 (3.9) ⁱ	31.9 (2.6) ^{j, k}	27.6 (2.9) ^{l, m}
Group home or residential program	68	0 (0)	7.9 (3.0) ⁿ	17.3 (6.3) ^{o, p}	74.8 (7.3) ^{q, r, s}
Developmental need at baseline (birth to 5 years old) ^t					
Yes	928	74.6 (2.7)	13.6 (1.9)	6.1 (1.6)	5.6 (1.8)
No	2,836	71.9 (2.1)	19.4 (1.8)	6.7 (1)	1.9 (0.4)
Risk of any behavioral/emotional or cognitive problems at baseline (children 6 to 17 years old) ^u					
Yes	1,242	75.4 (1.5)	17.1 (1.4)	3.8 (0.6)	3.6 (0.7)
No	739	79.0 (2.8)	14.3 (2.6)	2.8 (0.6)	3.9 (0.9)
Child adopted***					
Yes	724	2.7 (1.8) ^w	69.9 (3.7)	17.9 (2.4)	9.6 (1.7)
No	5,128	77.7 (1.3)	14.8 (1)	4.2 (0.6)	3.2 (0.5)

Note: All analyses were on weighted NSCAW II baseline, Wave 2, and Wave 3 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. At the time of Wave 3, some participants who were adolescents at NSCAW II baseline were 18 to 20 years old. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($***p < .001$) for the covariate. Children with one placement served as the reference group in this analysis.

^a Children 0 to 2 years old at baseline were significantly more likely to have one placement than zero placement when compared with children 3 to 5 years old at baseline ($p < .05$), 6 to 10 years old at baseline ($p < .01$) and children 11 to 12 years old at baseline ($p < .01$).

- ^b Children 0 to 2 years old at baseline were significantly more likely to have two placements than zero placement when compared with children 3 to 5 years old at baseline ($p < .001$), 6 to 10 years old at baseline ($p < .001$), children 11 to 12 years old at baseline ($p < .001$), and children 13 to 17 years old at baseline ($p < .001$)
- ^c Children 0 to 2 years old at baseline were significantly more likely to have two placements than one placement when compared with children 3 to 5 years old at baseline ($p < .001$), 6 to 10 years old at baseline ($p < .01$), children 11 to 12 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .05$)
- ^d Children 0 to 2 years old at baseline were significantly more likely to have two placements than three or more placements when compared with children 3 to 5 years old at baseline ($p < .05$), 6 to 10 years old at baseline ($p < .01$), children 11 to 12 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .001$)
- ^e Children 13 to 17 years old at baseline were significantly more likely to have three or more placements than zero placement when compared with children 0 to 2 years old at baseline ($p < .05$), and 6 to 10 years old at baseline ($p < .01$).
- ^f By definition, all children in out-of-home settings have at least one placement. The percentage of children with zero placements is only applicable to children who were living in-home at baseline.
- ^g Children in-home at baseline were significantly more likely than children in informal kin care at baseline to have zero placement than one placement ($p < .001$), two placements ($p < .001$), and three or more one placement ($p < .001$).
- ^h Children in formal kin care at baseline were significantly more likely than children in home at baseline to have one placement ($p < .001$) and two placements ($p < .001$) when compared to zero placement.
- ⁱ Children in foster care at baseline were significantly more likely to have one placements than zero placement when compared with children in-home at baseline ($p < .001$).
- ^j Children in foster care at baseline were significantly more likely to have two placements than zero placements when compared with children in-home at baseline ($p < .001$).
- ^k Children in foster care at baseline were significantly more likely to have two placements than to have 1 placements when compared with children in-home at baseline ($p < .001$), in formal kin care at baseline ($p < .001$), and in informal kin care at baseline ($p < .001$).
- ^l Children in foster care at baseline were significantly more likely to have three or more placements than zero placement when compared with children in-home at baseline ($p < .001$).
- ^m Children in foster care at baseline were significantly more likely to have three or more placements than to have 1 placements when compared with children in-home at baseline ($p < .001$), in formal kin care at baseline ($p < .05$), and in informal kin care at baseline ($p < .001$).
- ⁿ Children in group homes or residential treatment settings at baseline were significantly more likely to have one placement than zero placement when compared with children in-home at baseline ($p < .01$).
- ^o Children in group homes or residential treatment settings at baseline were significantly more likely to have two placements than zero placement when compared with children in-home at baseline ($p < .01$).
- ^p Children in group homes or residential treatment centers at baseline were significantly more likely to have two placements than to have one placement when compared with children in-home at baseline ($p < .05$), in formal kin care at baseline ($p < .05$), and in informal kin care at baseline ($p < .05$).
- ^q Children in group homes or residential treatment settings at baseline were significantly more likely to have three or more placements than zero placements when compared with children in-home at baseline ($p < .01$).
- ^r Children in group homes or residential treatment settings at baseline were significantly more likely to have three or more placements than to have one placement when compared with children in-home at baseline ($p < .01$), in formal kin care at baseline ($p < .001$), in informal kin care at baseline ($p < .01$), and in foster care at baseline ($p < .01$).
- ^s Children in group homes or residential treatment settings at baseline were significantly more likely to have three or more placements than to have two placement when compared with children in-home at baseline ($p < .01$), in formal kin care at baseline ($p < .01$), in informal kin care at baseline ($p < .05$), and in foster care at baseline ($p < .05$).

^t Developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

^u Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (CBCL;(Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self Report (YSR;(Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher Report Form (TRF;(Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the Child Depression Inventory (CDI);(Kovacs, 1992), or (5) a clinically significant score was obtained on the Posttraumatic Stress Disorder (PTSD) scale of the Trauma Symptoms Checklist (Briere, 1996).

^v Children who had behavioral/emotional or cognitive problems at baseline were significantly more likely to have two placements than zero placements when compared with children who did not have behavioral/emotional or cognitive problems at baseline ($p < .05$).

^w Children who were adopted by Wave 3 when compared with children who were not adopted were significantly more likely to have one placement ($p < .001$), two placements ($p < .001$), and three or more placements ($p < .001$) than zero placements.

Exhibit 28. Number of Placements for Children Placed Out of Home by Caseworker Report through Wave 3

	<i>N</i>	Percentage (<i>SE</i>)			
		1 Placement	2 Placement	3 Placements	4 or More Placements
Total	3,116	67.1 (2.3)	19.1 (1.9)	7.5 (1.2)	6.2 (1)
Gender*					
Male	1,604	64.1 (2.7)	21.9 (2.5) ^a	8.7 (2.0)	5.4 (1.0)
Female	1,512	70.4 (2.8)	16.1 (2.1)	6.3 (1.2)	7.2 (1.4)
Age (years) at baseline***					
0–2	1,845	61.4 (3.9)	30.4 (3.6) ^{b,c,d}	5.2 (1.0)	3.0 (0.9)
3–5	350	68.4 (5.7)	15.5 (4.0)	10.4 (4.7)	5.8 (2.0)
6–10	445	74.4 (3.9)	13.6 (3.1)	7.3 (2.1)	4.7 (1.7)
11–12	125	66.2 (6.9)	13.3 (5.1)	11.4 (4.7)	9.0 (3.6)
13–17	351	65.9 (3.7)	16.1 (2.9)	6.7 (2.4)	11.3 (2.6) ^{e,f}
Race/ethnicity					
Black	1,076	68.5 (3.7)	15.6 (1.8)	8.2 (2.3)	7.6 (1.7)
White	955	66.2 (3.4)	21.6 (2.7)	6.3 (1.1)	5.9 (1.4)
Hispanic	858	67.4 (4.6)	19.6 (4)	7.9 (3.2)	5.0 (1.4)
Other	213	69.1 (7.1)	11.9 (3.2)	10.7 (5.7)	8.2 (3.8)
Setting at baseline ^{d***}					
In-home bio and adoptive	879	70.4 (4.2)	20.1 (3.9)	5.7 (1.4)	3.8 (1.0)
Formal kin care	495	67.3 (8.0)	14.2 (2.7)	13.4 (8.2)	5.2 (2.2)
Informal kin care	540	81.2 (3.1)	11.3 (2.1)	5.4 (2.3)	2.1 (1.1)
Foster care	1,105	40.5 (3.9)	31.9 (2.6) ^g	12.9 (1.9) ^h	14.7 (2.4) ^{lj}
Group home or residential program	68	7.9 (3.0)	17.3 (6.3) ^k	12.4 (5.4) ^l	62.4 (9.4) ^{m,n,o}
Developmental need at baseline (birth to 5 years old) ^p					
Yes	536	53.8 (6.9)	24 (5.3)	16.1 (6.3)	6.2 (2.9)
No	1,659	69.2 (3.5)	23.9 (3.3)	3.6 (0.6)	3.3 (1.0)
Risk of any behavioral/emotional or cognitive problems at baseline (children 6 to 17 years old) ^q					
Yes	578	69.7 (2.9)	15.7 (2.5)	6.5 (1.7)	8.2 (1.7)
No	286	68.2 (5.2)	13.2 (3.2)	10.3 (3.5)	8.4 (2.6)
Child adopted***					
Yes	716	71.8 (3.3)	18.4 (2.5)	6.7 (1.3)	3.2 (0.7)
No	2,384	66.7 (2.6)	19 (2.2)	7.6 (1.4)	6.7 (1.1)

Note: All analyses were on weighted NSCAW II baseline, Wave 2, and Wave 3 data; ; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. At the time of Wave 3, some participants who were adolescents at NSCAW II baseline were 18 to 20 years old. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$) for the covariate. Children with one out-of-home placement served as the reference group in this analysis.

^a Males compared to females were significantly more likely to have two out-of-home placement than to have one placement ($p < .05$), and 4 or more placements ($p < .05$).

^b Children who were 0 to 2 years old at baseline were significantly less likely to have one out-of-home placement than to have two placements when compared with children 3 to 5 years old at baseline ($p < .001$), children 6 to 10

- years old at baseline ($p < .01$), children 11 to 12 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .05$).
- ^c Children who were 0 to 2 years old at baseline were significantly less likely to have 4 or more out-of-home placements than to have two placements when compared with children 3 to 5 years old at baseline ($p < .05$), children 11 to 12 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .001$).
 - ^d Children who were 0 to 2 years old at baseline were significantly less likely to have three out-of-home placements than to have two placements when compared with children 6 to 10 years old at baseline ($p < .05$).
 - ^e Children who were 13 to 17 years old at baseline were significantly less likely to have one out-of-home placement than to have four or more out-of-home placements when compared with children 0 to 2 years old ($p < .01$), and children 6 to 10 years old ($p < .05$).
 - ^f Children who were 13 to 17 years old at baseline were significantly less likely to have three out-of-home placement than to have four or more out-of-home placements when compared with children 0 to 2 years old ($p < .05$).
 - ^g Children in foster care at baseline were significantly more likely to have two placements than one placement when compared with children in-home at baseline ($p < .01$), in formal kin care at baseline ($p < .001$), and in informal kin care at baseline ($p < .001$).
 - ^h Children in foster care at baseline were significantly more likely to have three placements than one placement when compared with children in-home at baseline ($p < .001$), and in informal kin care at baseline ($p < .001$).
 - ⁱ Children in foster care at baseline were significantly more likely to have four or more placements than one placement when compared with children in-home at baseline ($p < .001$), in formal kin care at baseline ($p < .001$), and in informal kin care at baseline ($p < .001$).
 - ^j Children in foster care at baseline were significantly more likely to have four or more placements than two placements when compared with children in-home at baseline ($p < .001$).
 - ^k Children in group homes or residential treatment settings at baseline were significantly more likely to have two placements than one placement when compared with children in-home at baseline ($p < .05$), in formal kin care at baseline ($p < .05$), in informal kin care at baseline ($p < .05$).
 - ^l Children in group homes or residential treatment settings at baseline were significantly more likely to have three placements than one placement when compared with children in-home at baseline ($p < .05$), and in informal kin care at baseline ($p < .05$).
 - ^m Children in group homes or residential treatment settings at baseline were significantly more likely to have four or more placements than one placement when compared with children in-home at baseline ($p < .05$), in formal kin care at baseline ($p < .01$), in informal kin care at baseline ($p < .01$), and in foster care at baseline ($p < .01$).
 - ⁿ Children in group homes or residential treatment settings at baseline were significantly more likely to have four or more placements than two placements when compared with children in-home at baseline ($p < .01$), in formal kin care at baseline ($p < .01$), in informal kin care at baseline ($p < .01$), and in foster care at baseline ($p < .05$).
 - ^o Children in group homes or residential treatment settings at baseline were significantly more likely to have four or more placements than three placements when compared with children in-home at baseline ($p < .05$), in informal kin care at baseline ($p < .05$), and in foster care at baseline ($p < .05$).
 - ^p Developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.
 - ^q Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).

Exhibit 29. Adoption by Caseworker Report through Wave 3 and Adoption and Foster Care Analysis and Reporting System (AFCARS) Data

	<i>N</i>	Adopted children <i>N</i> =730	
		%	<i>SE</i>
Total	5,872	3.5	0.4
Gender			
Male	3,017	3.8	0.6
Female	2,855	3.2	0.5
Age (years) at baseline		***	
0–2	2,937	4.9	0.9
3–5	828	4.2	1.1
6–10	1,053	4.3	0.8
11–12	326	0.8	0.3
13–17	728	1.5	0.6
Race/ethnicity			
Black	1,827	3.3	0.8
White	2,003	4.1	0.7
Hispanic	1,614	3.2	0.6
Other	407	2.4	0.8
Setting at baseline		***	
In-home	3,635	2.2	0.4
Formal kin care	495	15.0	3.8
Informal kin care	540	5.0	1.6
Foster care	1,105	25.6	3.8
Group home or residential program	68	1.6	1.0
Developmental need at baseline (birth to 5 years old)^a			
Yes	928	5.2	1.5
No	2,836	4.2	0.8
Risk of any behavioral/emotional or cognitive problems at baseline (children 6 to 17 years old)^b			
Yes	1,242	2.8	0.6
No	739	2.9	0.9

Note: All analyses were on weighted NSCAW II baseline, AFCARS, Wave 2, and Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. At the time of Wave 3, some participants who were adolescents at NSCAW II baseline were 18 to 20 years old. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$) for the covariate.

^a By Wave 3 children 0 to 2 years old at baseline were significantly more likely to be adopted than children 11 to 12 years old at baseline ($p < .001$), and children 13 to 17 years old at baseline ($p < .01$).

^a By Wave 3 children 3 to 5 years old at baseline were significantly more likely to be adopted than children 11 to 12 years old at baseline ($p < .01$).

^a By Wave 3 children 6 to 10 years old at baseline were significantly more likely to be adopted than children 11 to 12 years old at baseline ($p < .01$), and children 13 to 17 years old at baseline ($p < .05$).

^d By Wave 3 children living in formal kin care at baseline were significantly more likely to be adopted than children living in-home at baseline ($p < .01$) children living in informal kin care at baseline ($p < .05$), and in a group home or residential treatment program at baseline ($p < .01$).

^f By Wave 3 children living in foster care at baseline were significantly more likely to be adopted than children living in-home at baseline ($p < .001$), in informal kin care at baseline ($p < .001$), and in a group home or residential treatment program at baseline ($p < .01$).

^h Developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

ⁱ Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).

Exhibit 30. Reunification of Children Placed in Out-of-Home Care by Caseworker Report through Wave 3 and Adoption and Foster Care Analysis and Reporting System (AFCARS) Data

	Any reunification			Successful first reunification		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3,232	39.2	2.4	1,240	82.7	3.6
Gender						
Male	1,661	39.3	3.3	634	87.0	4.2
Female	1,571	39.2	3.4	606	78.2	5.6
Age (years) at baseline		*			*	
0–2	1,899	47.1 ^a	4.0	721	96.0 ^b	0.9
3–5	370	44.8	6.5	169	83.2	8.6
6–10	465	35.1	3.8	188	81.3 ^c	5.5
11–12	133	32.0	6.1	46	78.8	11.4
13–17	365	30.8	4.8	116	60.2	7.2
Race/ethnicity		*				
Black	1,107	29.6 ^d	3.3	357	85.7	4.8
White	998	41.7	3.4	381	83.2	5.1
Hispanic	888	41.2	5.1	393	82.4	7.5
Other	224	50.0	7.0	103	74.4	8.3
Setting at baseline		***				
In-home	995	49.3 ^e	3.2	590	85.5	3.9
Formal kin care	495	35.0	8.0	146	61.0	16.3
Informal kin care	540	21.4	3.8	165	85.7	5.7
Foster care	1,105	29.3	3.4	308	83.1	2.8
Group home or residential program	68	35.8	13.3	22	37.1	11.2
Developmental need at baseline (birth to 5 years old)^f						
Yes	557	38.5	6.4	217	75.6	11.8
No	1,712	49.4	4.4	673	95.5	1.5
Risk of any behavioral/emotional or cognitive problems at baseline (children 6 to 17 years old)^g						
Yes	595	34.2	2.8	213	71.6	5.9
No	307	29.9	4.9	113	72.6	8.3

Note: Caseworkers were asked about reunification plans if the child was in out of home care at the time of the interview. Estimates may represent an underestimate of reunification attempts, as situations where the child was placed out of home and then reunified between interview waves would not be captured. All analyses were on weighted NSCAW II baseline, AFCARS, Wave 2, and Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. At the time of Wave 3, some participants who were adolescents at NSCAW II baseline were 18 to 20 years old. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$) for the covariate.

^a Children birth to 2 years old at baseline were significantly more likely to be reunified when compared with children who were 6 to 10 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .01$).

^b Children birth to 2 years old at baseline were significantly more likely to have a successful first reunification when compared with children who were 6 to 10 years old at baseline ($p < .05$), and children 13 to 17 years old at baseline ($p < .01$).

- ^c Children 6 to 10 years old at baseline were significantly more likely to have a successful first reunification when compared with children who were 13 to 17 years old at baseline ($p < .05$).
- ^d Black children were significantly less likely to be reunified when compared with White ($p < .05$) and Other children ($p < .05$).
- ^e Children living in-home with parents at baseline who were subsequently placed out of home, were significantly more likely to be reunified when compared with children living at baseline in informal kin care ($p < .001$), and foster care ($p < .001$).
- ^f Developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.
- ^g Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).

Exhibit 31. Permanency of Children Placed in Out-of-Home Care by Caseworker Report through Wave 3 and Adoption and Foster Care Analysis and Reporting System (AFCARS) Data

	Type of permanency									
	Total achieving permanency			N	Adoption		Reunification		Discharged to relatives	
	N	%	SE		%	SE	%	SE	%	SE
Total	3,066	49.9	2.3	1,799	24.4	3.0	73.3	3.2	2.3	1.1
Gender										
Male	1,597	50.8	2.9	948	23.7	3.7	73.2	4.0	3.0	1.7
Female	1,469	48.9	3.8	851	25.2	4.3	73.3	4.4	1.4	0.8
Age (years) at baseline		*								
0–2	1,897	59.9 ^a	4.2	1,213	21.9	3.7	75.1	3.6	3	2.1
3–5	372	49.9	6.0	210	20.1	5.6	76.4	6.2	3.5	2.6
6–10	467	45.4	3.6	237	38.1	6.5	60.5	6.6	1.4	1.1
11–12	134	33.7	8.6	58	14.0	5.5	85.8	5.5	0.2	0.2
13–17	196	47.0	7.5	81	18.1	7.2	81.3	7.2	0.6	0.6
Race/ethnicity										
Black	1,057	41.2	3.2	515	29.4	6.5	69.6	6.6	0.9	0.6
White	946	52.3	3.7	580	25.1	4.2	71.9	4.8	3.1	2
Hispanic	845	51.9	5.4	569	21.8	5.5	75.5	5.8	2.7	2.2
Other	203	57.8	6.8	127	17.1	5.2	82.8	5.2	0.1	0.1
Setting at baseline		***			***					
In-home	969	57.5 ^b	2.8	630	18.4	3.6	79.2	4.0	2.4	1.3
Formal kin care	480	37.7	4.8	233	38.1 ^c	7.1	61.4	7.0	0.5	0.5
Informal kin care	506	29.2	4.4	255	20.4	6.5	75.8	6.5	3.7 ^d	1.5
Foster care	1,043	58.7 ^e	4.4	651	51.3 ^f	5.8	46.6	5.5	2.1	1.3
Group home or residential program	44	23.4	6.1	17	10.9	6.4	89.1	6.4	0	0
Developmental need at baseline (birth to 5 years old) ^g		*								
Yes	558	45.3	5.5	338	31.4	6.1	67.9	6.2	0.7	0.4
No	1,711	59.8	4.1	1,085	17.8	3.8	78.2	4.0	4.1	2.4

(continued)

Exhibit 31. Permanency of Children Placed in Out-of-Home Care by Caseworker Report through Wave 3 and Adoption and Foster Care Analysis and Reporting System (AFCARS) Data (continued)

	Type of permanency									
	Total achieving permanency			N	Adoption		Reunification		Discharged to relatives	
	N	%	SE		%	SE	%	SE	%	SE
Risk of any behavioral/emotional or cognitive problems at baseline (children 6 to 17 years old) ^h										
Yes	488	46.5	3.5	233	28.5	4.8	71.0	4.8	0.5	0.3
No	249	38.4	4.8	114	32.1	9.0	65.8	9.1	2.1	2.1
Caseworker risk assessment at baseline										
Active drug abuse by primary caregiver										
Yes	1,057	53.2	4.8	700	27.5	3.6	64.4	4.8	8	4.4
No	2,009	49.1	2.4	1,099	23.6	3.4	75.6	3.5	0.8	0.5
Primary caregiver had serious mental health problem										
		*								
Yes	965	56.4	3.5	610	25.0	4.6	73.9	4.6	1.1	0.4
No	2,101	48.0	2.6	1,189	24.2	3.7	73.1	3.8	2.7	1.4
Primary caregiver had poor parenting skills										
Yes	1,353	52.6	4.1	824	23.8	3.3	74.7	3.5	1.5	0.7
No	1,713	48.7	2.7	975	24.7	3.8	72.6	4.1	2.7	1.4
History of domestic violence against caregiver										
							**			
Yes	976	54.7	3.6	623	15.8	3.1	80.9 ⁱ	3.4	3.3	2.1
No	2,090	48.1	2.5	1,176	28.1	3.6	70.1	3.8	1.9	1.1
History of abuse or neglect of primary caregiver										
Yes	919	53.4	5.1	594	25.1	4.9	71.4	5.2	3.5	2.6
No	2,147	48.9	2.4	1,205	24.2	3.1	73.9	3.2	1.9	1
High stress on the family (e.g., unemployment, drug use, poverty, or neighborhood violence)										
		*					*			
Yes	1,840	54.8	2.7	1,124	19.8	3.1	78.1 ^j	3.3	2.1	1.1
No	1,226	44.3	3.2	675	30.8	4.7	66.6	4.8	2.6	1.5

(continued)

Exhibit 31. Permanency of Children Placed in Out-of-Home Care by Caseworker Report through Wave 3 and Adoption and Foster Care Analysis and Reporting System (AFCARS) Data (continued)

	Type of permanency									
	Total achieving permanency			N	Adoption		Reunification		Discharged to relatives	
	N	%	SE		%	SE	%	SE	%	SE
Low social support										
Yes	1,120	54.9	5.0	701	26.3	4.4	70.2	4.4	3.5	2.1
No	1,946	48.0	2.7	1,098	23.6	3.5	74.6	3.7	1.8	1.1
Family have trouble paying basic necessities										
Yes	1,053	48.0	4.6	674	25.7	4.7	71.0	4.7	3.2	2.2
No	2,013	50.6	2.6	1,125	24.0	3.3	74.1	3.6	2.0	1.3

Note: Caseworkers were asked about reunification plans if the child was in out of home care at the time of the interview. Estimates of reunification may represent an underestimate of reunification attempts, as situations where the child was placed out of home and then reunified between interview waves would not be captured. All analyses were on weighted NSCAW II baseline, AFCARS, Wave 2 and Wave 3 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$) for the covariate.

^a Children birth to 2 years old at baseline were significantly more likely to reached permanency when compared with children who were 6 to 10 years old at baseline ($p < .05$) and 11 to 12 years old at baseline ($p < .05$).

^b Children living in-home with parents at baseline who were subsequently placed out of home were significantly more likely to reached permanency when compared with children living at baseline in formal kin care ($p < .05$), informal kin care ($p < .001$), and group home or residential treatment center ($p < .05$).

^c Children living with formal kin at baseline were significantly more likely to be adopted than to be reunified when compared with children living at baseline in home ($p < .05$),

^d Children living with informal kin at baseline were significantly more likely to be discharged to relatives than to be reunified when compared with children living at baseline with formal kin ($p < .05$), and foster care ($p < .05$).

^e Children living in foster care at baseline were significantly more likely to reach permanency when compared with children living at baseline in formal kin care ($p < .01$), informal kin care ($p < .001$), and group home or residential treatment center ($p < .01$).

^f Children living in foster care at baseline were significantly more likely to be adopted than to be reunified when compared with children living at baseline in home ($p < .001$), , informal kin care ($p < .001$), and group home or residential treatment center ($p < .05$).

^g Developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

- ^h Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).
- ⁱ Children whose main caregiver had a history of domestic violence victimization (identified by the caseworker at baseline) were significantly more likely to be reunified than to be adopted when compared with children whose main caregiver did not have a history of domestic violence victimization ($p < .01$).
- ^j Children whose families had high stress (identified by the caseworker at baseline) (e.g., unemployment, drug use, poverty, or neighborhood violence) were significantly more likely to be reunified than to be adopted when compared with children whose families did not have high stress (as identified by the caseworker at baseline) ($p < .05$).

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